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STATE OF NEW YORK

State Commission in Lunacy

EIGHTEENTH ANNUAL REPORT

October 1, 1905, to September 30, 1906

CHARLES W. PILGRIM, M. D.	}	<i>Commissioners</i>
SHELDON T. VIELE		
WILLIAM L. PARKHURST		
T E. McGARR, <i>Secretary</i>		

TRANSMITTED TO THE LEGISLATURE JANUARY 28, 1907

ALBANY

J. B. LYON COMPANY, STATE PRINTERS

1907



STATE OF NEW YORK

No. 22

IN ASSEMBLY,

JANUARY 28, 1907.

STATE COMMISSION IN LUNACY

EIGHTEENTH ANNUAL REPORT

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ALBANY, January 28, 1907.

To the Speaker of the Assembly

By direction of the Commission I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1905, and ending September 30, 1906,

T. E. McGARR

Secretary

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

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EIGHTEENTH ANNUAL REPORT

ALBANY, *January 20, 1907*

To the Legislature

In compliance with section 9 of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws, which requires that "the Commission shall annually report to the Legislature its acts and proceedings for the year ending September thirtieth last preceding, with such facts in regard to the management of the institutions for the insane as it may deem necessary for the information of the Legislature, including estimates of the amounts required for the use of the State hospitals and the reasons therefor, and also the annual reports made to the Commission by the superintendent of each State hospital and by the State Charities Aid Association," the State Commission in Lunacy herewith presents its 18th annual report, covering the fiscal year beginning October 1, 1905, and ending September 30, 1906.

CHARLES W. PILGRIM, M. D.	} <i>Commissioners</i>
SHELDON T. VIELE	
WILLIAM L. PARKHURST	

REPORT

GENERAL OPERATIONS

The whole number of committed insane in the public and private hospitals of the State on September 30, 1906, was 28,302, divided as follows: men 13,548, women 14,754. The whole number of insane in the State hospitals including the inmates of the Matteawan and Dannemora hospitals for insane criminals, 960, on September 30, 1906, was 27,317. The whole number of insane in licensed private institutions was 985. The net increase for the year in all institutions was 895; in the State hospitals, including the criminal asylums, 896; exclusive of the latter institutions, 839. In the licensed private institutions the number remained the same as at the close of the previous year.

RECEIPTS AND DISBURSEMENTS

RECEIPTS

The receipts from all sources for the support of the State hospital system, the State Commission in Lunacy and the Pathological Institute for the fiscal year ending September 30, 1906, were:

1 Receipts from State treasury for maintenance of hospitals (annual appropriation bill) including balances from 1905 on salaries and wages accounts (\$47,606.77)	*\$4,712,606 77
2 Receipts from State treasury for deficiency in salaries of board of alienists (supply bill, 1906) ..	5,767 00
3 Receipts from State treasury for maintenance (reappropriation of moneys received for board of patients at the State hospitals during 1905-6) (supply bill, 1906)	275,000 00

* This total does not include items of reappropriation of \$232,206.45, unused maintenance funds of 1905, or \$88,000, unused appropriation for the construction of acute hospitals in 1905, both of which amounts were, by chapter 407, Laws of 1906, made available for the construction of acute hospitals at different points.

4	Receipts for maintenance from sales of old material, etc., at the State hospitals.....	\$22,603 21
5	Receipts from State treasury for new buildings and improvements of State hospitals, exclusive of reappropriations of 1904 appropriations (\$575,486.69) for same purpose	729,181 00
6	Receipts from State treasury for deficiency in appropriation for nurses home, Utica State Hospital	6,430 85
7	Receipts from State treasury for maintenance of State Commission in Lunacy and Pathological Institute, including balances from 1905	115,293 00
8	Receipts from State treasury for proposed hospital at Comstock	50,000 00
Total receipts		<u>\$5,916,881 83</u>

DISBURSEMENTS

The expenditures for the same period were:

1	Cost of maintenance, including officers' salaries, employees' wages, clothing, food, ordinary repairs and all incidental expenses comprising "fixed charges" of the hospitals (\$183.88 per capita)	\$4,769,343 68
2	Expenditures on account of new buildings to be occupied by patients and employees....	386,563 83
3	Expenditures for new buildings other than those occupied by patients and employees..	117,750 43
4	Expenditures for extraordinary repairs, renewals and improvements and furniture, not included in fixed charges or maintenance	289,563 58
5	Expenditures for maintenance of the Commission, medical inspector, the Pathological Institute, board of alienists, deportation of aliens and non-residents, salaries and expenses of special agents, etc.	115,690 58

6 Expenditures for purchase of site for proposed hospital in northern New York and services of experts	\$43,517 42
Total expenditures	<u>\$5,722,429 52</u>

REAPPROPRIATIONS

As appears from the note following the statement of receipts during the year there was a balance remaining of the maintenance fund on October 1, 1905, of \$232,206.45. This amount, together with an additional sum of \$88,000, which had been appropriated for the construction of two acute hospitals, but which after due advertisement for proposals was found sufficient to provide for only one, upon the recommendation of the Commission the Legislature made available for the construction of additional acute hospitals at such points as the Commission deemed it advisable to establish them. The Commission has decided to proceed with the construction of acute buildings at the Binghamton, Hudson River, Utica and Middletown State Hospitals, and contracts have already been let for the buildings at Binghamton, Hudson River and Utica.

The reappropriations referred to in section 5 were made necessary to provide funds to meet contracts made under the original appropriations.

MOVEMENT OF PATIENT POPULATION

The daily average number of patients in the State hospitals during the fiscal year was 25,937. The whole number of admissions, including transfers from one institution to another, was 6,343. The whole number of original admissions from homes, etc., was 5,761. The whole number discharged, including transfers to other institutions but excluding deaths, was 3,433. The whole number of deaths was 2,071.

The condition of patients discharged during the year was:

As recovered	1,468
As improved	1,142
As unimproved	749
As not insane	74

ACTUAL COST OF MAINTAINING THE INSANE.

No statement of the actual cost of maintaining the insane of New York is correct which does not take into consideration the fact that a large sum — ranging from \$270,000 to \$300,000 annually — is received by the different institutions from the relatives and friends of private and so-called reimbursing patients, i. e. patients whose estates or those of relatives are able to pay only the bare cost of maintenance. Neither should the fact be lost sight of that for the \$4,769,343.68 disbursed for maintenance during the past year the Commission supported not only an average insane family of 25,938, but that in addition it furnished food supplies, complete maintenance and medical care for 5,115 employees. The per capita cost for the year closing September 30th, crediting the institutions with board moneys received, would be \$172.40, and if the food and medical supplies, etc., furnished the 5,115 employees are taken into consideration as they should be, it will be seen that the real cost to the State is certainly not an excessive one.

CLASSIFIED EXPENDITURES FOR THE YEAR.

Following its usual custom the Commission submits in the following pages two statements showing gross and per capita disbursements of the State hospital system treated as a whole; the first containing the expenditures for the first six-month period, the second for the entire year. Of general interest will be the statement of per capita disbursement for food supplies amounting to less than 15 cents daily. The fact that visitors to our hospitals, from neighboring states and foreign countries, express astonishment at the liberality and variety of the dietaries established under the direction of the Commission, is sufficient testimony to the excellence of the present system of purchases so fully described in the last annual report of the Commission. A second item of interest is that showing that but \$1.10 per capita was disbursed during the year for everything required under the head of medical supplies. Fresh air, occupation under medical supervision, a change of environment, and a wholesome diet; these are the chief aids to mental restoration as they are to the cure of physical disorders.

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS

Statement showing semi-annual, monthly, weekly and daily per capita cost for fixed charges or maintenance of State hospitals for the six months beginning October 1, 1905, and ending March 31, 1906

Daily average number of patients, 25,691. Six months' per capita cost \$100.60

CLASSIFICATION	Total expenditures	Six months per capita	Monthly per capita	Weekly per capita	Daily per capita
1 Officers' salaries.....	\$127,316 46	\$4.96	\$0.827	\$0.1908	\$0.0273
2 Employees' wages:					
Administration department.....	50,682 36	\$1.97	\$0.338	\$0.0758	\$0.0108
Financial department.....	1,111 11	.13	.0127	.0035	.0061
Ward service.....	28,606 62	18.35	3.058	.7038	.1008
Domestic service.....	17,188 40	.67	.112	.0258	.0037
Kitchen service.....	49,717 12	1.94	.323	.0746	.0107
Bakery service.....	8,452 42	.33	.055	.0127	.0018
Meat cutters.....	5,732 43	.22	.037	.0085	.0012
Laundry service.....	24,092 87	.94	.156	.0361	.0052
Engineers' department.....	90,207 38	3.51	.585	.135	.0193
Building department.....	41,480 74	1.61	.268	.0619	.0088
Industrial department.....	25,377 02	1.65	.0381	.0381	.0054
Farm and grounds department.....	37,636 06	1.47	.245	.0565	.0081
Railway department.....	37,902 85	.04	.007	.0015	.0002
New York city office, Manhattan State Hospital and steamboat department and Purchasing steward.....	9,560 75	.37	.062	.0142	.002
		\$33.52	\$5.587	\$1.2892	\$0.1842
3 Provisions and stores:					
Farinaceous foods.....	\$104,776 39	\$4.08	\$0.68	\$0.1569	\$0.0224
Yeast.....	9,261 03	.09	.015	.0035	.0005
Fresh meats.....	146,511 23	5.70	.95	.2192	.0313
Poultry.....	10,943 26	.43	.072	.0165	.0024
Salt and smoked meats.....	92,789 19	.89	.148	.0342	.0049
Fresh fish.....	23,526 26	.92	.153	.0354	.0051
Salt fish.....	11,345 00	.41	.073	.0169	.0024
Fresh vegetables.....	29,164 01	1.13	.188	.0435	.0062
Canned vegetables.....	10,014 11	.39	.065	.015	.0021
Fresh fruits.....	6,638 40	.26	.043	.01	.0014
Dried fruits.....	9,584 74	.37	.062	.0142	.002
Preserves and jellies.....	1,451 65	.06	.01	.0023	.0003
			\$80,767 41		

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS — (Continued)

CLASSIFICATION	Total expenditures	Six months per capita	Monthly per capita	Weekly per capita	Daily per capita
3 Provisions and stores—(Continued):					
Dairy produce.....	\$52,237 73	\$9.82	\$1.637	\$0.3777	\$0.054
Wet groceries.....	8,899 58	.35	.058	.0135	.0019
Dry groceries.....	88,971 28	2.30	.383	.0885	.0126
Condiments.....	863 68	.03	.005	.0012	.0002
Total food supplies.....	\$699,981 56	\$27.26	\$4.543	\$1.0485	\$0.1498
Water and ice.....	\$9,745 99	\$0.38	\$0.063	\$0.0146	\$0.0021
Laundry supplies.....	7,776 84	.30	.03	.0115	.0016
Crockery and glassware.....	4,702 98	.18	.03	.0069	.001
Tin and ironware.....	5,369 22	.21	.035	.0081	.0012
Cutlery and platedware.....	696 65	.03	.005	.0012	.0002
Woodenware.....	826 67	.03	.005	.0012	.0002
Household supplies.....	12,607 44	.61	.102	.0233	.0033
Toilet articles.....	3,733 03	.14	.023	.0054	.0008
Commutation.....	31,035 64	1.21	.202	.0465	.0066
		\$30.35	\$5.058	\$1.1673	\$0.1667
4 Ordinary repairs:					
Engineers' department.....	\$26,867 53	\$1.05	\$0.175	\$0.0404	\$0.0058
Carpenters' department.....	14,192 78	.55	.091	.0211	.003
Painting department.....	13,997 17	.54	.09	.0208	.003
Masons' department.....	8,877 83	.15	.025	.0057	.0008
Electrical department.....	4,133 15	.16	.023	.0062	.0009
Physicians' department.....	4,002 14	.16	.027	.0062	.0009
Railway department.....	316 96	.01	.002	.0004	.00005
		\$2.62	\$0.437	\$0.1008	\$0.0144
5 Farm and grounds:					
Farm feed.....	\$23,536 15	\$0.91	\$0.152	\$0.035	\$0.005
Wagons, sleighs and harness.....	4,070 70	.16	.027	.0062	.0009
Farm and garden implements.....	1,284 10	.05	.008	.0019	.0003
Lawns, roads and grounds.....	12,435 42	.09	.015	.0035	.0005
Farm supplies.....	12,290 78	.08	.08	.0185	.0026
Horticultural supplies.....	1,421 66	.06	.01	.0023	.0003
Stable maintenance.....	3,629 83	.14	.023	.0054	.0008
Live stock.....	4,887 17	.19	.032	.0073	.001
Rentals.....	4,918 00	.04	.006	.0015	.0002
		\$2.12	\$0.353	\$0.0815	\$0.0116
		\$779,476 02			
		67,387 56			
		54,443 81			

STATE COMMISSION IN LUNACY

9

6 Clothing.....	\$112,669 29	\$4 39	\$0.732	\$0.1688	\$0.0241
7 Furniture and bedding:					
Furniture.....	19,205 90	\$0.75	\$0.125	\$0.0288	\$0.0041
Bedding.....	48,233 53	1.88	.315	.0723	.0103
Window furniture.....	2,083 64	.08	.013	.0031	.0004
Table linen.....	8,267 73	.32	.053	.0123	.0018
8 Books and stationery:		\$3.03	\$0.505	\$0.1165	\$0.0166
Stationery supplies.....					
Books.....	\$13,045 08	\$0.51	\$0.085	\$0.0196	\$0.0028
Periodicals.....	758 92	.03	.005	.0012	.0002
Purchasing steward.....	1,327 43	.03	.008	.0019	.0003
	806 54	.03	.003	.0012	.0002
9 Fuel and light.....	\$396,581 55	\$0.62	\$0.103	\$0.0238	\$0.0034
10 Medical supplies:		\$15.44	\$2.573	\$0.5938	\$0.0848
Medicines.....	\$8,329 16	\$0.32	\$0.053	\$0.0123	\$0.0019
Medical and surgical supplies.....	6,869 65	.27	.045	.0104	.0015
Laboratory supplies.....	1,560 06	.06	.01	.0023	.0003
11 Miscellaneous:		\$0.65	\$0.108	\$0.025	\$0.0036
Traveling expenses.....	\$3,345 63	\$0.13	\$0.022	\$0.005	\$0.0007
Entertainment of patients.....	14,539 02	.57	.095	.0219	.0031
Supply transportation.....	10,889 71	.42	.07	.0162	.0023
Messengers.....	4,017 83	.16	.027	.0062	.0009
Miscellaneous.....	30,415 93	1.18	.107	.0454	.0065
Purchasing steward.....	764 59	.03	.005	.0012	.0002
12 Transportation of patients.....	\$10,476 95	\$2.49	\$0.415	\$0.0958	\$0.0137
Grand total.....		\$0.41	\$0.068	\$0.0158	\$0.0023
	\$2,583 579 40	\$100.60	\$16.767	\$3.8692	\$0.5527

BY THE COMMISSION

ALBANY, May 14, 1906

T. E. MCGARR

Secretary

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS

Statement showing yearly, monthly, weekly and daily per capita cost for fixed charges or maintenance of State hospitals for the year beginning October 1, 1905, and ending September 30, 1906

Daily average number of patients, 25,938. Yearly per capita cost, \$183.87

CLASSIFICATION	Total expenditures	Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
1 Officers' salaries.....	\$256,497 46	\$9.89	\$0.824	\$0.1902	\$0.0271
2 Employees wages:					
Administration department.....	103,554 78	\$3.99	\$0.333	\$0.0767	\$0.0109
Financial department.....	56,342 55	2.17	.181	.0417	.0059
Ward service.....	943,369 90	36.37	3.031	.6994	.0997
Domestic service.....	34,495 91	1.33	.111	.0236	.0036
Kitchen service.....	100,160 62	3.86	.322	.0742	.0106
Bakery service.....	17,185 16	.66	.055	.0137	.0018
Meat cutters.....	11,599 38	.45	.037	.0087	.0012
Laundry service.....	48,242 58	1.86	.155	.0358	.0051
Engineers' department.....	180,441 83	6.96	.58	.1339	.0191
Building department.....	82,917 55	3.20	.267	.0615	.0088
Industrial department.....	50,550 91	1.95	.162	.0375	.0053
Farm and grounds department.....	76,409 55	2.95	.246	.0567	.0081
Railway department.....	2,104 85	.08	.007	.0016	.0002
New York city office, Manhattan State Hospital and steamboat department and Purchasing steward.....	19,472 95	.75	.062	.0144	.0021
	1,726,848 52	\$66.58	\$5.548	\$1.2804	\$0.1824
3 Provisions and stores:					
Farinaceous foods.....	\$195,922 98	\$7.55	\$0.629	\$0.1451	\$0.0207
Yeast.....	4,549 79	.18	.035	.0075	.0005
Fresh meats.....	320,666 95	12.36	1.03	.2377	.0339
Poultry.....	12,858 41	.50	.042	.0096	.0014
Salt and smoked meats.....	45,887 19	1.77	.148	.0341	.0048
Fresh fish.....	45,797 93	1.77	.147	.0341	.0048
Salt fish.....	19,949 59	1.77	.064	.0148	.0021
Fresh vegetables.....	61,418 99	2.37	.198	.0456	.0065
Canned vegetables.....	10,854 21	.42	.035	.0081	.0012
Fresh fruits.....	12,244 19	.47	.039	.0093	.0013
Dried fruits.....	20,681 80	.77	.064	.0148	.0021
Preserves and jellies.....	2,311 17	.09	.007	.0017	.0002
Dairy produce.....	490,265 51	18.90	1.575	.3635	.0318
Wet groceries.....	17,886 03	.69	.058	.0133	.0019

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS — (Concluded)

CLASSIFICATION	Total expenditures		Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
7 Furniture and bedding—(Continued):						
Window furniture.....	\$4,224 82		\$0.16	\$0.013	\$0.0031	\$0.0004
Table linen.....	16,207 21	\$134,706 71	.63	.053	.0121	.0017
			\$5.19	\$0.433	\$0.0998	\$0.0142
8 Books and stationery:						
Stationery supplies.....	\$24,033 75		\$0.93	\$0.078	\$0.0179	\$0.0025
Books.....	1,624 95		.06	.005	.0013	.0002
Periodicals.....	1,442 44		.06	.005	.0012	.0002
Purchasing steward.....	1,424 43		.05	.004	.0008	.0001
			\$1.10	\$0.092	\$0.0212	\$0.003
9 Fuel and light.....	\$478,159 17	28,525 67	\$18.43	\$1.536	\$0.3544	\$0.0505
10 Medical supplies:						
Medicines.....	\$14,866 36		\$0.57	\$0.048	\$0.011	\$0.0016
Medical and surgical supplies.....	13,701 44		.53	.044	.0102	.0015
Laboratory supplies.....	2,755 13		.11	.009	.0021	.0003
			\$1.21	\$0.101	\$0.0233	\$0.0034
11 Miscellaneous:						
Traveling expenses.....	\$7,351 92		\$0.28	\$0.023	\$0.0054	\$0.0008
Entertainment of patients.....	30,333 13		1.17	.098	.0225	.0032
Supply transportation.....	21,097 64		.81	.067	.0156	.0022
Messages.....	6,801 73		.26	.022	.005	.0007
Miscellaneous.....	63,767 87		2.46	.205	.0473	.0067
Purchasing steward.....	1,489 02		.06	.005	.0012	.0002
			\$5.04	\$0.42	\$0.0969	\$0.0138
12 Transportation of patients.....	\$23,870 87	23,870 87	\$0.92	\$0.077	\$0.0177	\$0.0025
Grand total.....		\$4,769,343 57	\$183.87	\$15.323	\$3.5559	\$0.5037

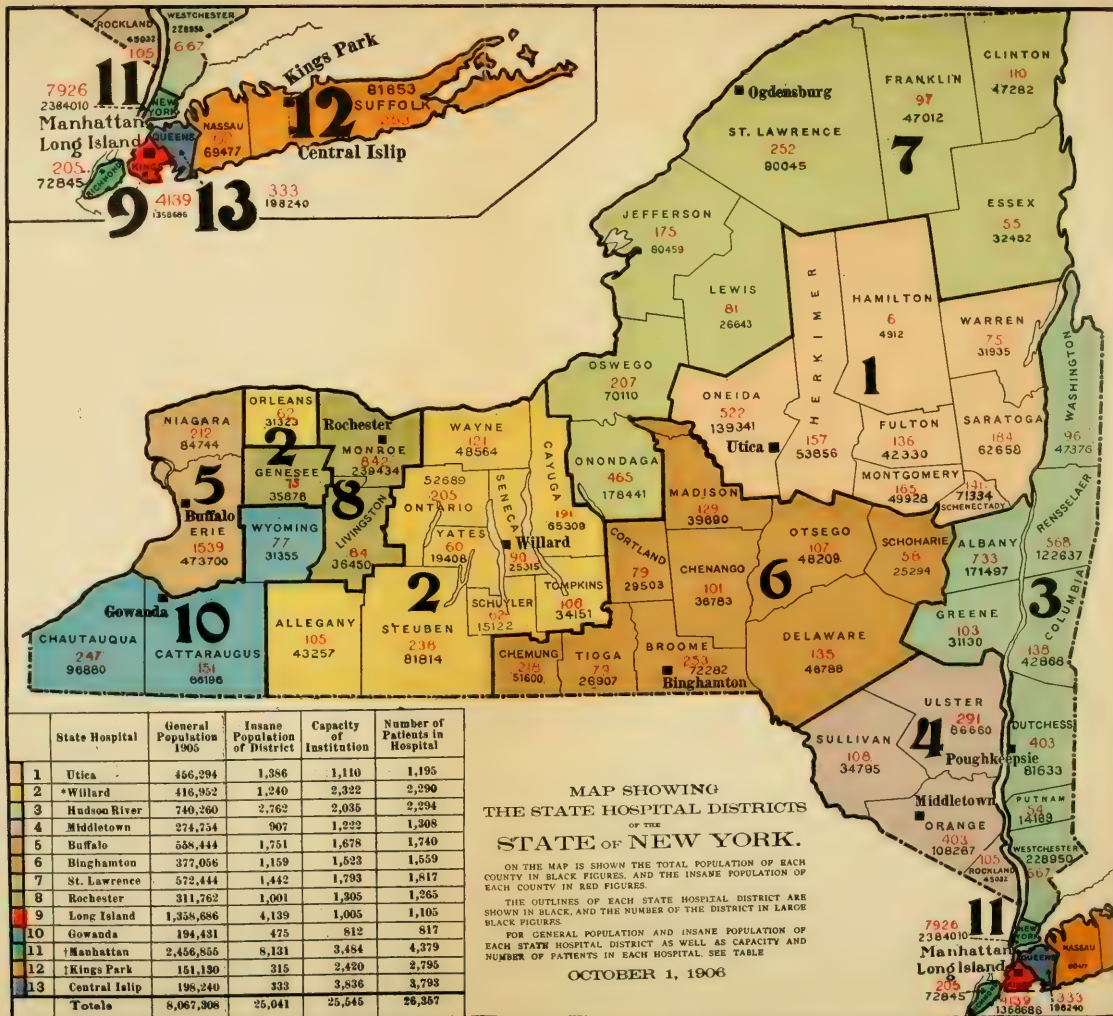
By THE COMMISSION

ALBANY, January 16, 1907

T. E. McGARR

Secretary





ADDITIONAL ACCOMMODATIONS IN THE STATE HOSPITALS

On the 1st of October, 1906, the population of the State hospitals was 26,357, and the total capacity of the 13 institutions 24,545, showing a deficiency in accommodations amounting to 1,812 beds. Contrary to the Commission's expectations the year closed without any material reduction in the overcrowding which has characterized the hospital service during the past 10 years. Several causes contribute to this unpleasant condition. Primarily contractors and others in charge of new operations were derelict in the performance of their work. A second cause was the difficulty experienced by the local hospital authorities who had undertaken the remodeling of certain buildings to procure either sufficient labor or materials to advance the same. Nevertheless some slight improvement will be noted by comparison with last year's report, as it appears that in addition to providing for the net increase of 839, occurring during the year, the Commission was able to reduce the existing overcrowding to the extent of 185 beds.

BUILDING OPERATIONS: NEEDS

The Commission is able to report considerable progress in the completion of the hospital buildings for which funds were provided by the Legislature in 1904 and 1905. In August, 1905, contracts were let for the construction at the Binghamton State Hospital of a large three-story building of the dormitory type and designed for the accommodation of 530 patients of the quiet, chronic class at a cost of \$192,926, including heating, plumbing and lighting. As the building progressed it was found that its capacity for the accommodation of patients could be increased markedly if separate provision for dining-rooms, kitchen and scullery could be made. Relief from the prevalence of cooking odors throughout the building would also be secured. After consultation with the State architect, and securing from the contractors concessions in price for omitted work, the Commission decided to have the plans rearranged with this end in view. The State architect has accordingly planned an outside accessory building, connected by a corridor with the main building, and the Commission respectfully requests an immediate appropria-

tion of \$50,000 to cover the cost of the same. If this amount is granted and funds for the nurses' buildings referred to below, are forthcoming, considerable relief of the prevailing congestion in the lower part of the State will be provided.

A building somewhat similar to the above, designed for the same class of patients and located at the Middletown State Homeopathic Hospital, was contracted for in October, 1905, at a cost of \$220,463 and rapidly approaches completion.

The Commission respectfully requests an immediate appropriation sufficient to provide funds for the construction in connection with each of the above buildings, of nurses' homes, each to accommodate 150 employees of this class and to cost \$75,000. Obviously patients cannot be received into either building until the nursing force is assembled and at this time no provision has been made for their housing. No argument is needed at this late day to show the necessity of providing quarters for nurses who are in immediate charge of the insane through the day or night, unless it be to quote from the great Conolly's comment of 70 years ago: "Everything that affects the attendants will be found to exercise a secondary influence on the patients; their health, their circumstances, their instruction, their mode of living in the asylum, their diet, the comfort of their sleeping-rooms, are all matters of much importance, generally attracting too little attention and sometimes entirely overlooked in the arrangements of an asylum." Complete efficiency is impossible unless these faithful employees are granted complete rest and privacy during a considerable portion of each 24 hours.

The Commission is also able to report that it has contracted for the construction of a third building of the dormitory type, designed for 440 patients, on the grounds of the Hudson River State Hospital at a cost of \$218,901.75, including heating, plumbing and lighting.

While this building will not be available until the early spring of 1908 it is not too early to provide funds for the home for nurses, which will be required to accommodate the employees engaged in the care of patients quartered therein.

The Commission, while on this topic, respectfully urges consideration of its plea as well as that of the boards of managers

of the Manhattan and Central Islip State Hospitals for additional nurses' homes at these institutions. The insane population of each hospital has grown to enormous proportions, and in the nature of things must continue to grow so long as mental defectives figure so largely in the hordes of immigrants crowding to our shores and requiring sequestration for the protection of the community.

At a cost of \$51,000 the Commission has contracted for the construction of a home for nurses on the grounds of the Utica State Hospital. At no institution in the State was this provision so sorely needed. When the original hospital buildings were planned at Utica little consideration seems to have been had for the health and comfort of the nurses, with the result that prior to 1890 no special provision was made for them. The quarters then provided in the infirmary building were a mere makeshift and proved totally inadequate. As the institution has developed, many nurses and employees have been forced to occupy quarters in hot attics and none too sanitary basement rooms. The new building will provide for 100 nurses and, when completed, will release room on the wards for a like number of patients.

The long-delayed completion of the home for nurses at the Kings Park State Hospital, accommodating 300 employees of this class, was announced just before the close of the year. A careful inspection, made by the Commission, showed that aside from certain defects in the finishing of the inside walls of the building it is likely to meet all reasonable requirements. The capacity of the hospital is increased to the extent of 300 beds by the removal of this number of nurses to the new building.

PROVISION FOR THE ACUTE INSANE

During the year the Commission, after conferences with State hospital superintendents and the State architect, decided upon a uniform type of building which it regards as in every way suitable for the reception and active treatment of patients of the acute and presumably curable class. Contracts were made for the construction of two buildings of this type, the first located at Binghamton, the second at Poughkeepsie, each to accommodate

Provision for
acute insane

100 patients. The contract price for the building on the grounds of the Binghamton State Hospital was \$86,700, including heating, lighting and plumbing; that at the Hudson River State Hospital was \$100,000. For the information of the Legislature and those engaged in this special work a reduced plan of this type of building is here inserted.

By the provision of single rooms and of approved appliances, electric and hydrotherapeutic, the Commission believes that improved results of treatment may be expected and that the rate of expenditure, viz., \$1,000 per capita, will thus be more than justified.

As funds for the construction of a third building of this type are available, the Commission has decided to locate it on the grounds of the Utica State Hospital.

As above indicated three hospital buildings for the acute insane can be constructed within the \$320,000 appropriated for this purpose, and a balance will remain of approximately \$40,000 for the construction of a fourth building of this type. As the average cost of the three buildings, two of which are, as stated above, under way, will not fall greatly below \$100,000, it follows that the fourth building cannot be begun until an additional appropriation of \$60,000 is made.

The Commission earnestly recommends the appropriation of this sum for the purpose indicated.

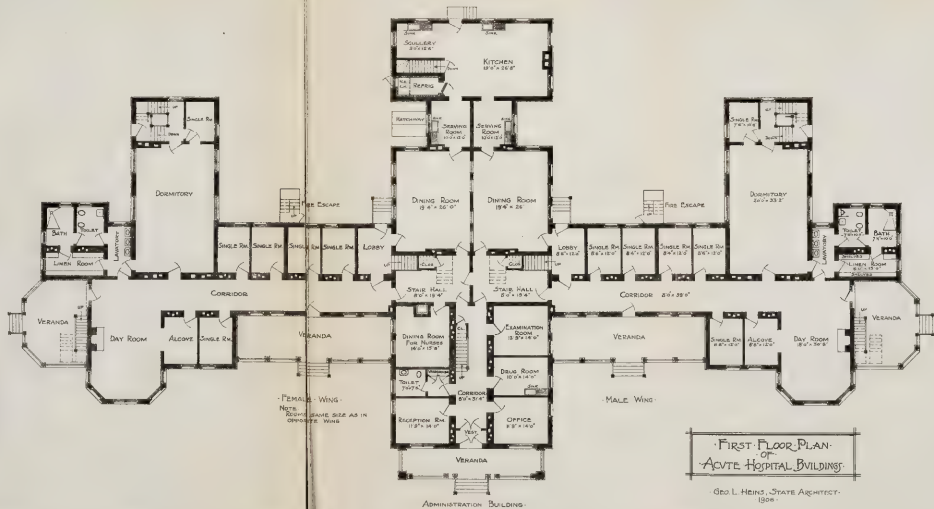
INSANE OF THE METROPOLITAN DISTRICT

A problem of paramount importance to this department is that of making adequate provision for the insane of the metropolitan district. The situation is briefly as follows:

Practically all space for building operations on Ward's Island is already occupied and further additions are impracticable.

At this date there are 2,000 insane patients whose relatives and friends live in or near New York, who are quartered in the different State hospitals outside of New York city; some of them as far away as Buffalo and Gowanda. Obviously from lack of means on the part of relatives visits to these patients have practically ceased. Requests for their return must be refused, for the reason that the buildings on Ward's Island are now pain-





FIRST FLOOR PLAN
OF
ACUTE HOSPITAL BUILDINGS

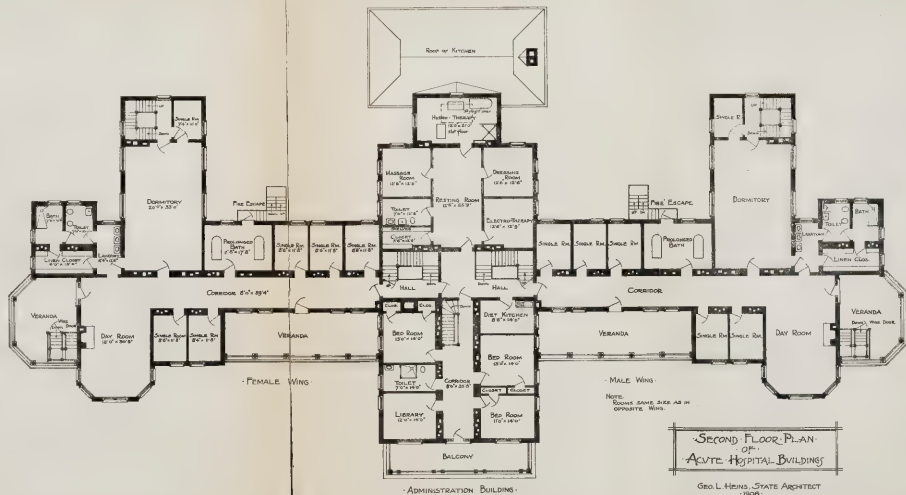
· GEO. L. HEINS, STATE ARCHITECT ·
· 1906 ·



SINO
8'6"

VE

LE





· FRONT · ELEVATION ·
· OF ·
· ACUTE · HOSPITAL · BUILDINGS ·

Geo L. Heins, State Architect
1906

fully overcrowded, and are daily becoming more so. Furthermore, these buildings, in which are domiciled 4,200 patients and 800 employees, are occupied by the State under a lease which expires within six years. In the opinion of the Commission, not a moment's time should be lost in acquiring a suitable site within 30 miles of New York city and easily accessible therefrom, and of beginning thereon the construction of an entirely new establishment, designed for at least 3,000 patients. Indeed, all other construction for the accommodation of patients might properly be abandoned in order to concentrate appropriations and work at the point above indicated.

Insane of
metropolitan
district

For some time past the Commission has been conducting a preliminary inquiry as to available sites within a reasonable distance from the city, and is satisfied that if action can be had at once it will be possible to secure the necessary property at prices which may not be regarded as prohibitive.

The Commission therefore recommends an immediate appropriation of \$150,000 to provide a site, and of \$50,000 with which to begin the construction of a new hospital in the region above indicated.

The Commission anticipates the early acquisition by lease from New York city of a site for the reception hospital authorized by chapter 760, Laws of 1904, and by chapter 702, Laws of 1905, carrying an appropriation of \$300,000 for the construction of the necessary buildings. Assuming that the site is an appropriate one for an institution of this class, the Commission will at once set about the preparation of plans and specifications in order that no time may be lost in putting this unique establishment into full working order.

PURCHASE OF ADDITIONAL LANDS FOR THE STATE HOSPITALS

During the legislative session of 1906 the Commission appeared before the finance, and ways and means, committees to indorse the recommendations of the boards of managers of the Utica, Hudson River, St. Lawrence and Gowanda State Hospitals, that funds be provided to purchase additional farming lands at each of these institutions. Owing to the extraordinary demands for other purposes, however, the appropriations re-

Additional
lands for
State hospitals

quested were not made. They will be renewed however during the forthcoming session when it is hoped the Legislature can see its way clear to granting them. While the Commission is not entirely convinced of the advantage in a financial way of operating large farms in connection with the State hospitals it does thoroughly believe in the value of these adjuncts as means to another end, i. e., the restoration of the unhappy inmates of these institutions to health and sanity, and to the ranks of the producing classes. The Commission has been very favorably impressed with the experiments undertaken at Utica, Binghamton, Willard, and elsewhere, of operating small farm colonies located at some distance from the main establishment, which under efficient supervision have been made to approximate home conditions to many of the farm workers detailed thereto, minus the features of stress, irregular living and, at times, privation to which they were subjected prior to commitment. Interviews with these patients almost invariably show their preference for the freer life of the farm colony. Over against the deprivation of amusements and other advantages obtainable at the hospital proper, they set the unrestricted ease of movement, both while at work and at leisure, offered by the farm colony; the cozy sitting-rooms, the absence of barred windows, closed doors and the constant appearance on the scene of vigilant caretakers — all these features appeal to even demented patients and tend to make them contented with these humble and homelike surroundings.

It is for this class, therefore, that the Commission makes a special plea; and it earnestly urges appropriations sufficient to extend the system of farm colonies at the points indicated above.

NEW POWER PLANTS REQUIRED AT THE STATE HOSPITALS

The Commission appeared before the financial committees of both houses of the Legislature during the last session to urge the granting of sufficient funds to provide entirely new power plants at the Binghamton and Kings Park State Hospitals, each to cost \$60,000, including the provisions of such additional boilers, dynamos, etc., as might be required for their operation. A careful inquiry made by the Commission as to the cost of heating and lighting at these institutions shows conclusively that the State is annually losing a very large amount by reason of the waste

resulting from defective buildings and unnecessarily long conduits. The fuel waste at the Binghamton State Hospital has been estimated by competent engineers to be as great as 30 per cent. As the total annual cost of heating and lighting the buildings of that institution is \$35,000 no argument is needed to show the economy of granting the appropriation desired. At the Kings Park State Hospital probably one-third of the \$60,000 now annually expended for fuel and light could be saved by the provision of an entirely new and modernly equipped power plant. The Commission will not urge upon the Legislature the provision of funds for other renewals of this character at this time; it being satisfied that no loss so great in amount as here indicated is being experienced at other points; but it would be guilty of dereliction of duty if it failed to renew and urge the provision of these buildings and their equipment. Power plants

SPECIAL PROVISION FOR THE TUBERCULAR INSANE

The two large sun-room pavilions for the tubercular insane referred to in previous reports, located at Binghamton and Ogdensburg and accommodating 100 patients each, have been completed and are now in most successful operation.

During the past year the managers of the Willard State Hospital requested an appropriation of \$25,000 for the construction of a somewhat similar, though smaller pavilion, on the grounds of that institution, but the Commission regarding the necessity of further provision for this class in the western part of the State as less pressing than in the southern portion, reduced the amount to \$10,000 for which it is hoped a suitable building to meet immediate needs can be constructed. An appropriation of \$25,000 was granted by the Legislature on the Commission's recommendation for a pavilion on the grounds of the Central Islip State Hospital to accommodate 100 patients of this class, and this will probably be in operation before the close of the next fiscal year.

The so-called dining-room extension building at Central Islip was completed during the year at a cost of \$49,587.37, and through its occupancy adds to the capacity of other portions of the buildings to the extent of 200 beds.

**REMODELING OF THE MAIN BUILDINGS OF THE LONG ISLAND
STATE HOSPITAL AT FLATBUSH**

The largest single appropriation for construction purposes during the year was that granted by the Legislature for the complete renovation of the buildings acquired by the State in 1905 and which formerly comprised the Kings County Lunatic Asylum. Immediately upon the provision by the Legislature of \$229,669, being one-half of the whole amount required, the State architect was authorized to begin the necessary plans looking to the establishment of a thoroughly equipped and modern institution to accommodate approximately 800 patients, with such accessory buildings as might be required. At the close of the year these plans progressed and it is now estimated that contracts for the required remodeling can be let during the spring of 1907.

**REVERSION OF THE ANNEX BUILDINGS AT FLATBUSH TO THE CITY
OF NEW YORK**

Under the provisions of chapter 628, Laws of 1895, the terms of which required the reversion at the end of a 10-year lease of the so-called annex buildings on the grounds of the Long Island State Hospital to the city of New York the Commission arranged, by the transfer of the patients in these buildings — some 500 in all — to the Kings Park, Buffalo and Willard State hospitals, for such reversion to the municipal authorities. This was not wholly accomplished, however, before the close of the fiscal year.

AFTER-CARE SYSTEM

Reference to the proceedings of a conference held on the 30th of January, 1906, between the Commissioners, the medical inspector, the director of the Pathological Institute, the superintendents of State hospitals for the insane, and representatives of the State Charities Aid Association, printed on page 160, will show that definite progress has at last been made in the longmooted proposition to establish a system of supervision and care of patients discharged in an improved and recovered condition from the State hospitals, until they shall have reached a sufficient grade of mental stability to enable them to make their living and maintain themselves in the community without danger.

of mental relapse. As to the need and enormous value of the work undertaken by the State Charities Aid Association under this head too much cannot be said. Already most gratifying results have been observed; and the success thus far obtained in New York city and in the neighborhood of one or two of the other State hospitals has blazed the path for other volunteers in the association. It is the confident hope of the Commission that within the coming year efficient after-care committees will be provided for each of the State hospitals.

SUICIDES AND ACCIDENTS AT THE STATE HOSPITALS

It is to many a source of wonder that in an insane population, amounting to 26,000 persons under treatment in the 13 different State hospitals, the casualties occurring each year in these institutions are so few in number; indeed, the suicides, and fatal accidents reported by the different superintendents are remarkably rare. The Commission submits the following record for the year under this head:

A male patient who had escaped from the Willard State Hospital was struck by a train, while walking on a railway track some 14 miles distant from the hospital, and instantly killed. At the same institution a male patient eluded the observation of his nurses for a few moments and succeeded in hanging himself. At this institution also two male patients died from asphyxiation caused by the lodgment of pieces of meat in the larynx.

At the Hudson River State Hospital a male patient escaped and was unsuccessfully searched for. He was found the following day on the railway tracks at Spuyten Duyvil, a station on the New York Central some distance from the hospital. An examination showed the presence of numerous scalp wounds and that the patient was suffering severely from shock. He was taken to a hospital in New York city, after which, upon recovering from his physical injuries, he was readmitted to the State institution. Another male patient at this institution succeeded in committing suicide by strangulation.

At the Middletown State Homeopathic Hospital a male patient succeeded in committing suicide by suspension.

**Suicides and
accidents**

At the Binghamton State Hospital a female patient eluded observation for a few hours and was afterwards found crushed to death by a railway train. A male patient at the same institution committed suicide by suspension.

An unfortunate accident occurred at the St. Lawrence State Hospital in connection with certain repairs being made to the laundry. Two mechanics were engaged in putting up shaft hangers and in some manner entirely unexplainable the left arm of one was caught in the shaft and torn off near the shoulder joint. He fell heavily to the floor and was picked up in a dying condition. His death occurred during the same day. So far as the Commission is able to ascertain no responsibility rested with the institution for this accident. Deceased was an experienced mechanic and was fully competent to undertake work of the character assigned to him.

Perhaps the most regrettable occurrence of the year was the death from poisoning of a patient at the Kings Park State Hospital. A nurse of the institution endeavoring to administer a harmless medicine to a woman patient in some manner mistook a bottle of oxalic acid for the remedy desired, with fatal consequences to the patient within a few moments. At this institution a supposed harmless patient escaped from the hospital and set fire to the poultry house of a farmer living near the institution. The patient was himself uninjured. Another male patient at this institution committed suicide by suspension.

As might be expected the patients contemplating suicide at the Manhattan State Hospital situated on Ward's Island chose drowning as their favorite means of self-destruction. Three patients, all males, found death in this manner. The body of one of the three was found on the shore near Little Hell Gate, fully dressed, even to the overcoat.

At the Central Islip State Hospital with its large population and with the liberties given walking parties but one suicide was reported during the year, that of a male patient who succeeded in hanging himself.

At the Gowanda State Homeopathic Hospital a male patient sought the same means of self-destruction.

STATISTICS OF INCREASE

As has been the experience heretofore, the small net increase in the State hospital population which was noted in 1905, has been succeeded by a very considerable increase in the number requiring treatment and care during the year 1906, the figures being 839 against 499 during the previous year. No adequate explanation of these wide divergences has to this time presented itself. Neither can any satisfactory explanation be offered of the development during the past year of 5,761 new cases of insanity as against a total of 5,346 in 1895, of 5,372 in 1894 and 5,110 in 1893.

Under a separate chapter the Commission and the board of alienists refer more particularly to this general subject in discussing the topic of immigration.

OPENING OF CITY STREETS THROUGH HOSPITAL GROUNDS

An effort, which was almost successful, was made during the year to secure the passage by the Legislature of a bill permitting the city of Utica to extend a street through the grounds and to the rear of the buildings of the Utica State Hospital. This bill, which had been defeated on many previous occasions, was supported by local sentiment, the claim being made by the city authorities that the development of the city was materially retarded by the situation of the hospital which cut off connection with desirable building sites to the west. Notwithstanding the emphatic protests made by the Commission against the progress of the bill, and a final agreement with the introducers that it would not be pressed beyond a certain point, the Commission found that in the last days of the session it had been hurried to passage. It at once addressed a protest to the Executive calling attention to the very serious interference with hospital administration which would result from the enactment of the legislation, as well as the infringement on the privacy of patients while engaged at work or while exercising in the rear of the buildings. Governor Higgins declined to act on the measure and it accordingly died.

It seems likely, however, that there is danger of its reappearance, and the Commission desires at this time to record its unalterable opposition thereto.

SYSTEM OF INSPECTION

Outside of the inspection given by the medical commissioner, in company with his colleagues, to the operations of the 13 large State hospitals, he has, in company with the medical inspector, devoted himself to almost continuous visitation and inspection of the licensed private institutions. While the Commission believes that the system of inspection of private institutions, as at present developed, is meeting nearly all reasonable requirements it is not too much to say that the engagement of one or two additional inspectors would prove of the greatest value. As to the inspection of the State hospitals by the volunteer officers, 48 in all, appointed by the courts upon the recommendation of the State Charities Aid Association, and distributed throughout the State, the Commission is fairly satisfied that such inspections supplementing those of the local boards of managers, the Commissioners and medical inspector and legislative committees, meet all the requirements of the situation. The chief value of thorough inspection lies in its being of itself an immediate and all-sufficient reply to sensational newspaper charges which from time to time are made against institutions for the insane, when it is shown that the fullest knowledge is possessed by central State authorities of all the facts in a given accident or infraction of regulations or other untoward happening at these institutions. The district attorney of New York has from time to time requested the Commission to investigate complaints received by him from New York city patients under treatment, at the different State hospitals, of maltreatment, unjust confinement, etc., and these complaints have been promptly and thoroughly investigated. It is well known to those with special knowledge of the system of State hospital administration that the statute insures free correspondence between committed patients, the Governor, the Commissioners and other legal authorities. It is believed that this privilege, coupled with that of free conference with the Commissioners and medical inspector, at the time of official visitations, properly safeguards the liberty and welfare of every individual now confined in these hospitals. Of special interest in this connection will be found the report of Dr. William L. Russell, the medical inspector of the Commission, which is here inserted:

REPORT OF MEDICAL INSPECTOR

ALBANY, January 16, 1907

State Commission in Lunacy, Albany, N. Y.

Gentlemen — I have the honor to submit the following report relating to my work as medical inspector during the year ending September 30, 1906.

One hundred visits were made to the State hospitals and licensed private institutions during the year, and two to an unlicensed sanitarium, where, it was alleged, insane persons were cared for. The number of visits is somewhat less than in previous years, owing in part to an attack of illness, and also to increased demands upon my time and attention of special interests growing out of the work, aside from purely routine visiting. It seems proper to state here that, during no year since my appointment have I found it possible, throughout the year, to make the number of visits required by my instructions. To do any but perfunctory work, some time must be allowed for attending to correspondence, reports, and notes of visits; for turning to account the information and observations gathered at each visit, and for vacation and travel to and from institutions. A reference to the duties of the medical inspector given on pages 67 and 68 of the 15th annual report of the Commission, will show that to accomplish the objects which the Commission had in view, not only must considerable time be spent at each institution, but much attention and thought must be given to the conditions observed and to the various questions that naturally arise. I fear that, owing to the large field to be covered and the scope of the work, the close study of conditions contemplated by the Commission has scarcely been realized. During a recent visit to Massachusetts, I found that while the number of insane under detention is less than 11,000, and the powers and responsibilities of the state board of insanity much more restricted than those of your Commission, three medical executive officers were employed, and three other physicians were members of the board. During the past year the responsibility of your Commission and of the medical inspector was extended so as to include the visiting of unlicensed sanitariums where there was reason to believe that insane persons were cared for. The number of insane in detention is also steadily increasing, and the work is growing in extent and complexity. I would respectfully suggest, therefore, as a result of my experience as medical inspector for three years, confirmed by what is in operation in Massachusetts, that the work of the Commission might be facilitated and broadened, the care and treatment of the insane improved, and the solution of the problems of insanity favored, by the addition of

more physicians to the working force of the Commission. In Massachusetts more is done by the state board to relieve the institutions of unrecovered patients who no longer need institutional care, than has yet been attempted in this State. Admission to institutions is facilitated, voluntary as well as committed patients being received. A careful scrutiny, with a view to the discharge, of such cases as are not in need of institutional care is, however, kept by officers of the state board, and at the same time means are taken to obtain information regarding the home environment of those considered suitable. By means of judiciously applied partial or complete support by the State, the board is enabled by this system, to board out with their friends or other suitable persons, about 300 patients, under the supervision of the board. The system, which has been in operation more than 20 years, is said to work advantageously to the insane and the State. This is, perhaps, one of a number of ways in which, if provision, proportionate to that of Massachusetts could be provided for closer study of the condition in the institutions and of the many problems involved in the control and management of insanity, the State care and supervision of the insane might be improved and extended.

STATE HOSPITALS

The method of work followed in the visits to the State hospitals has been similar to that of previous years. At each visit most of the time was devoted to the examination of the patients admitted since the last visit. Four thousand and thirty-four admitted were seen and given whatever attention seemed necessary to determine their mental condition and hear complaints. Five hundred and eighty-five of these patients claimed to be improperly detained and asked to be discharged. References to them were made in the notes of the visits filed in the hospitals and in the office of the Commission. In many instances, consultations regarding them were also held with the medical officers of the institutions. Twenty of the cases admitted were noted as dotards who could probably be cared for at home or in a properly equipped almshouse; thirty-eight were noted as idiots, and nineteen as inebriates without mental disease, or who had cleared up within a few days of admittance. Comments in regard to these classes of patients were made in my first annual report, and it seems unnecessary to add anything now. Fourteen cases of drug habit, suffering in most instances from pronounced mental disease, were noted. In several instances the record showed that the habit had been acquired by the use of patent nostrums. One patient stated that she and a girl friend had become addicted to the use of cocaine as a result of having tried sample packages of a catarrh "cure" which was left on her doorstep.

As far as possible at each visit, all the inmates of the institutions have been seen, a number conversed with as occasion arose, and the wards inspected. About two hundred complaints and appeals were listened to, and given the attention necessary, in addition to those made by patients admitted to the hospital since the last visit. Most of these referred to detention only. They are given in detail in the notes of the visits. In some instances the parole or discharge of patients was advised. As a rule, however, the medical officers of the institutions, being more familiar with the patient's condition, and in a better position to obtain information concerning the home environment, can determine the advisability of discharge better than the medical inspector. The investigations of the inspector may stimulate activity and occasionally an opinion expressed, or a suggestion as to a mode of procedure may be helpful. Possibly something might be done by the business agents of the Commission in the investigation of home conditions, or towards the discovery and interesting of the friends of patients, who, in the opinion of the superintendents and the Commission, are not in need of further institutional care. The belief, once prevalent, that persons of sound mind are sometimes detained in institutions for the insane may be dismissed once for all. The numerous discharges by the courts on writs of habeas corpus, however, seem to indicate that society is willing to tolerate at large, temporarily at least, a certain number of insane persons, some of them even with dangerous tendencies, and if means were provided as in Massachusetts, something more could perhaps be done to relieve the institutions of cases proper to be at large under special conditions. The care of recovered patients after their discharge from the hospitals, which has been undertaken under the auspices of the State Charities Aid Association has, I believe, already served a useful purpose, and has great promise of important work in the future.

Report of
medical
inspector

The inspection of the hospitals on the lines laid down in the instructions of the Commission, and referred to in previous reports, has been, as far as circumstances would permit, carried on as usual. The difficulty has been, in a work of such magnitude, to devote enough time and attention to special conditions and features to permit of the working out of anything of practical value. It has seemed to me that the first essential to usefulness as an inspector must be to be accurately informed in regard to the conditions and methods of the different institutions, and to assist your Commission to correct knowledge and conclusions and just comparisons of results. Nothing is more apparent to the observer than that the efficiency of the work of the hospitals depends, above all else, upon the man on the spot. It may be taken for granted that

the capable superintendent stands ready to welcome all improvements. So definite are his responsibilities, however, and so essential is it to success that any measure suggested should be accepted by him heartily and with a conviction of its usefulness, that it has seemed to me that suggestions and recommendations should be such as would follow naturally from carefully ascertained facts, similar to those coming within the range of his own experience. By following this method, it has seemed to me that the work of inspection of a number of institutions, giving as it does a chance for comparisons and a somewhat larger view, might be made extremely useful to all. In my report of last year, was included a paper presented at one of the conferences of superintendents with the Commission, which was based upon observations made at the hospitals. During the past year a paper in reference to the training schools for nurses was presented, which was followed by the adoption of an uniform outline of practical training which is now being put in operation. In this connection I beg to suggest that the organization and work of the training schools might be improved by the appointment, at a higher salary than is now paid to matrons, of a nursing officer of superior character and efficiency, who should be given supervision and management of the practical training. The present matrons could, if qualified, be eligible to this position, in which case the two offices should be combined. In any case it should only be filled as fully-qualified candidates become available. An officer of this character may be frequently found in institutions in other states.

Such observations of the conditions at the hospitals as have seemed worthy of note have been referred to in the notes of the visits, or they have been communicated personally to the president or other members of the Commission. The standard of care has on the whole been fully maintained, and some improvements have been noted. The relief from excessive crowding made possible in some of the hospitals has had a noticeably good effect. Much complaint has been heard concerning the difficulty in satisfactorily filling vacancies in the position of attendant. The food and clothing have been kept up to the prevailing standard. In the management of the food, the plan of preparing each week separate dietaries for different classes of patients and for the employees, seems, where it is in operation, to be superior to other methods in economy and efficiency, and should, I believe, be generally adopted.

In the examination of the patients, and in consultations with the medical officers, opportunity has been afforded for learning the methods and character of the medical work. As the foundation of intelligent management of disease is diagnosis based upon knowledge of the nature of the process at work, and of the facts

and circumstances of its origin, development and course, it has been gratifying to note that as a rule the statements in regard to the cases have been full and definite. The knowledge thus readily shown, is, I believe, in great measure the result of the improved methods of investigation introduced by Dr. Meyer, director of the Pathological Institute, and of the interest and energy with which they have been cultivated and applied at the Institute, and at the hospitals. The practical bearing upon the care and treatment of the patients, and upon the better understanding of all that relates to the causes and nature of insanity, of this fuller knowledge of the cases, cannot perhaps be demonstrated without going into details to a degree inappropriate to this report. The whole history of medicine, and of all science, shows, however, that the methods of study and treatment of mental diseases now employed are more nearly similar than ever before to those applied so successfully in other branches of medicine. Encouragement and further development of the work in hand are also fully justified by what has already been accomplished. Of the interest throughout the medical service of the hospitals there can be no doubt. Many difficulties are, however, encountered. The number of physicians available for the work is at best scarcely sufficient, and in some instances the work has been seriously hindered by changes and vacancies, and the difficulty experienced in securing enough sufficiently well-qualified candidates. It has seemed scarcely possible thus far, in some of the hospitals, to make the changes in organization of the staff work necessary to meet new requirements. Among the needs that have appeared to me may be mentioned: More concentration of medical and nursing efforts on the new cases and others in most need of special attention; relief of some of the more responsible medical officers from too large services, and from routine so absorbing as to be incompatible with thoughtful attention to the more comprehensive and important ends in view; more definite and thorough training in the methods and data of psychiatry of the new members of the staff, with elimination of those who lack in interest and aptitude; more systematic and effective application of the laboratory methods of modern medicine; more and better post-mortem work; more utilization of the resources of the Pathological Institute, and cultivation of co-operation with the Institute in problems of medical interest, and in methods of work.

Staff conferences were attended at a number of the hospitals during the year, and also two meetings of representatives from the staffs of a number of the hospitals, and from the Institute.

Twenty-one special reports relating to patients, and various other matters were made to the Commission during the year.

LICENSED PRIVATE INSTITUTIONS

The number of licensed private institutions was decreased by two during the year. Dr. Wells' sanitarium was discontinued, and Dr. MacDonald having acquired control of Falkirk removed his patients there from his house at Pleasantville. Knickerbocker Hall was removed from College Point to Amityville.

Fifty-seven visits were made to these institutions. Two hundred and eighty patients admitted on commitment were seen, and given whatever attention seemed necessary. Sixteen of these patients claimed to be improperly detained and asked to be discharged. Notes in regard to these and to any others who received special attention were made in the notes of the visits.

One hundred and eighty-five "voluntary" patients admitted during the year were also seen, and any who wished were given an opportunity for conversation. Twenty-six of these cases were found to be suffering from mental disorders of such a character as to render commitment necessary to legal detention. Most of these cases were too indifferent, listless, preoccupied, or confused to exercise rational volition; others objected to detention only when the direct question was asked; a very few protested vigorously. Some of the voluntary patients who were suffering from pronounced mental disorder, were yet fully aware of the circumstances of their stay at the institutions and expressed entire willingness to remain. These were considered proper subjects for care and treatment without papers. In the other cases referred to, attention was directed to the necessity of commitment in the notes of the visits, and they were as a rule soon after committed or discharged. The reasons given for the reception and detention of certain insane cases without commitment, are given in my first annual report. As most of these cases were, however, committed as soon as they had been seen by the Commissioners or medical inspector, these reasons do not seem, in these cases, to have been entirely valid. In other instances the objection to commitment was apparently so strong that the patients were removed, sometimes, it was said, to institutions in other states, and sometimes to unlicensed institutions in this State. During the intervals between visits to the licensed institutions, a number of such cases are no doubt received, cared for, and in some instances discharged, and there is good reason to believe that many are treated in unlicensed institutions without any legal forms or state supervision whatever. This is a condition of affairs which seems to require careful investigation and adjustment.

The institutions have been regularly inspected as required by my instructions, and at each visit all the inmates have, as far as practicable, been seen. Any who wished were given an oppor-

tunity for conversation, and twenty-six appeals and complaints made either by the patients themselves or previously by friends were investigated. References to them were made in the notes of the visits. Conditions observed at the institutions which seemed to require comment have also been referred to in the notes, or have been brought to the personal attention of the president and other members of the Commission. It is scarcely possible to generalize in regard to them without danger of misrepresentation, as the institutions necessarily differ much in size, character, and standards.

In conclusion, I beg to express my appreciation of the continued confidence and support of your Commission, and of the courtesy and co-operation which I have met with at the hospitals and institutions.

Respectfully submitted,
WILLIAM L. RUSSELL,
Medical Inspector

VISIT TO ELLIS ISLAND. RETURN OF DEFECTIVES

During the year, Commissioner Parkhurst, accompanied by the secretary, visited Ellis Island for the purpose of observing the system of inspection of immigrants, to determine their mental and physical condition, in order to satisfy himself that all precautions were being taken to bar from entry at the port of New York immigrants of unstable balance likely to fall as particular charges upon the state of New York. In company with Inspector Salmon, who was formerly connected with the Willard State Hospital as assistant physician, the system was gone over in detail. The Commissioner was assured by the local United States authorities that certain desirable improvements in the treatment and medical care of such immigrants, as had been ordered detained for further examination as to their mental conditions, were being made as fast as possible. The Commission hopes, that upon the occupancy of the new pavilion specially designed for the accommodation of these detained immigrants, nothing further can be urged against the department to which this work has been assigned.

During the year the Commission has given a hearing to the relatives of a number of immigrants who had been ordered deported by the United States government by reason of mental unsoundness. These relatives were willing to give satisfactory bonds for the maintenance of the rejected immigrants in the event that they

were permitted to land, such bonds guaranteeing that the immigrants would not fall as charges upon the State. In each case, however, the Commission was unable to take any action, even if it had desired to do so, by reason of the fact that the United States authorities had issued special orders for the deportation in each instance.

MINOR IMPROVEMENTS AT THE STATE HOSPITALS

The Commission has sought with the funds at its disposal not only to keep in a high state of repair the different State hospital buildings but has, through the construction of cold storage plants, remodeling of power plants, installation of fire alarm systems, the construction of pavilions for contagious diseases, addition of fire escapes, etc., endeavored to bring to the highest state of efficiency the institutions under its supervision and control.

At the Willard State Hospital it has approved of the construction during the year of a cold storage plant; at the Hudson River State Hospital of an ice-making plant in connection with the cold storage building already constructed; at the same institution of a fire alarm system; at the Middletown State Homeopathic Hospital an enlargement to the laundry and an addition to the power-house equipment and the construction of a pavilion for contagious diseases; at the Buffalo State Hospital of fire escapes and an extension of the water supply system; at the Binghamton State Hospital of an enlargement of the laundry equipment; at the St. Lawrence State Hospital of an enlargement of the laundry and the construction of a surgical pavillion; at the Rochester State Hospital of the installation of a refrigerating plant, the renovation of the old county building known as the North building, the addition of new pumps to perfect the water supply, and the installation of a hydrotherapeutic room. At the Kings Park State Hospital the rebuilding of the coal trestle. At the Manhattan State Hospital the construction of a new mortuary, remodeling of the firemen's quarters and the alteration of the administration building on the east side of the island, increasing the capacity by 188 beds.

At the Central Islip State Hospital an excellent system of outside lighting was installed and a considerable addition was

made to the superintendent's house. At the Gowanda State Homeopathic Hospital an additional story was added to the nurses' home already constructed, and the remodeling of the administration building and dining-room was authorized.

FIRES AND OTHER CASUALTIES IN THE STATE HOSPITALS

At the Long Island State Hospital a building which had been temporarily used as an ice house was entirely consumed by fire. No injury either to patients or attendants was sustained.

A small fire occurred on the pier at the foot of East 116th street, New York, in connection with the boat service of the Manhattan State Hospital. But slight loss was sustained.

At the Manhattan State Hospital a defective electric wire caused a small fire in the storehouse which was easily extinguished.

At the Gowanda State Homeopathic Hospital a small fire occurred in the room over the bakery, resulting in an insignificant loss.

The Commission cannot but feel that a much greater damage to State property would be annually reported except for the excellent administration of the State hospitals. When the well-known destructive and mischievous tendencies of the insane are considered, it certainly seems little short of marvelous that fires in institutions for the insane are not at least of daily occurrence. In practically all of the State hospitals fire brigades have been organized and are now so efficient in their working that danger from fires in these institutions has to a considerable extent lost its terrors.

As is well known the State does not insure any of its hospital buildings; hence it is the part of wisdom to provide every possible means of protection. Fire alarm systems have been supplemented by a very considerable extension of the telephone systems, and the Commission feels reasonably certain that it can cope with any condition which is likely to arise threatening the destruction of any considerable number of buildings or their equipment.

The most prevalent cause of fire in institutions for the past few years has been that of defective electric wire insulation. As

to this, "eternal vigilance is the price of safety" and constant inspections by the electrical force of the hospitals are required to guard against losses from this source.

PURCHASE OF A NEW PASSENGER BOAT FOR THE MANHATTAN STATE HOSPITAL

Upon the urgent request of the authorities of the Manhattan State Hospital the Commission allotted during the year the sum of \$6,775 to provide an additional passenger boat to ply between the mainland at East 116th street, New York city, and the State hospital buildings on Ward's Island. The boat is now in commission and is meeting all requirements acceptably.

SURGICAL AND OPERATING PAVILIONS

With funds appropriated by the Commission a one-story surgical and operating pavilion has been constructed during the year at the St. Lawrence State Hospital and serves a very useful purpose. The Commission believes that buildings of this character now in successful operation at the Buffalo, Middletown and St. Lawrence State Hospitals should be supplemented by the construction of similar adjuncts at all of the State hospitals. Only in this way can the ambitious and faithful medical assistant round out the full sphere of his usefulness and the State secure the full value of its investment.

APPROPRIATIONS DESIRED FOR 1907-8

The Commission estimates that for the year 1907-8 no considerable increase will be required in the amounts granted by the Legislature for the year 1906-7. Indeed it believes that by continuing its policy of close scrutiny of State hospital expenditures the amount appropriated for 1906-7 can not only be made to meet requirements but that a small balance will be available to meet the increased population — estimated at 800 — requiring maintenance during the year 1907-8. It therefore suggests the following appropriations by the Legislature:

For the salaries of officers of the State hospitals for the year beginning October 1, 1907, and ending September 30, 1908.....	\$280,000 00
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	Appropriations
For the wages of all other employees of the	
State hospitals.	\$1,795,000 00
For all other items of maintenance.	2,600,000 00

In addition to the amount last named, the Commission requests the usual legislative authority in the annual supply bill to permit the use of the amount estimated to be received during the year 1906-7 (\$300,000) from the board of private and reimbursing patients, sales of old material, etc., which, under the present law, are required to be turned into the State treasury.

In the following pages the Commission presents the original requests of the respective State hospitals for appropriations for new buildings and extraordinary repairs required during the year 1907-8.

UTICA

Urns for connected dining-rooms.	\$1,260 00
Cold storage and ice plant.	25,000 00
Barn and silos, Graycroft.	7,500 00
Cement walks and gutters.	1,500 00
Retubing four boilers and repairing settings.	1,764 00
Laundry and equipment.	60,000 00
Repairs to roofs and gutters.	500 00
Extraordinary painting	1,500 00
Lumber shed	1,400 00
Furniture for acute building.	7,500 00
Finishing third story, nurses' home.	10,000 00
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	\$117,924 00

WILLARD

Electric generator and engines or turbine to operate above	\$8,000 00
Ice-making apparatus	2,000 00
Tuberculosis pavilion, additional appropriation.	32,000 00
Furniture for Button house, also water supply, heating and plumbing	3,460 00
Enlarging two dining rooms at Edgemere and two at the Pines	1,200 00
Inside painting	600 00

Appropriations

Improvements in employees' quarters.....	\$850 00
Remodeling and modernizing old basement, cow stables and sheds, Hillside.....	1,150 00
Carpet-cleaning machine	400 00
Electric motor	300 00
Extending culvert for railroad, driveway, walks, etc.	500 00
Corn-cutting machine	250 00
New building in garden, for storage of tools and vegetables	575 00
Hardenbrook house and lot.....	550 00
For enlarging poultry plant.....	500 00
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	\$52,335 00
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HUDSON RIVER

Nurses' home	\$75,000 00
Furniture for same	6,500 00
Day rooms for 26 and 27.....	5,000 00
Furniture for acute building.....	7,500 00
Operating room	12,000 00
Finishing third floor of Inwood or in extending capacity of nurses' house at central group.....	17,000 00
Adding porches to Inwood.....	4,500 00
Renovating two cottages	5,000 00
Porches for the cottages.....	6,000 00
Repairs and renovation, first floor, main building..	3,000 00
Cow barn	12,000 00
Addition to amusement hall, for bath, clothes, and toilet rooms	8,000 00
Cold storage to D kitchen.....	2,200 00
New boiler house and electric station.....	38,000 00
Repairs to roads	2,500 00
Walks	1,000 00
Laundry extension and equipment, for increased population	10,000 00
Fire protection	8,000 00
Bowling alley and billiard room.....	1,500 00

		Appropriations
New fences, and repairing old ones.....	\$3,500	00
Sun rooms for 23 and 24.....	2,000	00
Addition to library for patients.....	3,000	00
Hall cleaner and renovator.....	1,000	00
Hennerly.....	1,600	00
Ambulance.....	750	00
Additional lands.....	30,000	00
Track scales.....	1,500	00
Electric truck.....	4,000	00
Plumbing, additional.....	5,000	00
Renewals to high tension electric lines.....	3,000	00
Telephone and call.....	700	00
Outside lighting, and change in electric lighting system.....	2,000	00
Steel house for filter beds.....	800	00
Central group, 3 boilers.....	7,000	00
Water main, central group to cottages.....	6,000	00
One 500,000 U. S. gallon pumping engine.....	1,500	00
Five boilers for cottages and repairs to heating system at cottages.....	3,000	00
Stone crusher (portable).....	1,600	00
Repairs to coal storage.....	3,000	00
Nurses home at cottages.....	11,000	00
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	\$294,550	00
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MIDDLETOWN

Removal of frame cottages to make room for acute building.....	\$2,000	00
Nurses' home.....	60,000	00
Removal of carriage house and horse stable.....	1,500	00
Removal of piggery from neighborhood of new building.....	4,000	00
Solaria for annexes 1 and 2.....	20,000	00
Walk and gutter, Monhagan avenue.....	1,200	00
Fence on Monhagen avenue.....	1,000	00
Sewing and mending room, power elevator, etc., in connection with new laundry and slate roof on building.....	8,000	00

Appropriations

Furniture and equipment, new chronic building..	\$26,750 00
Grading and laying walks.....	1,700 00
Removal of hospital switch on Erie road.....	3,000 00
Extension of chapel	10,000 00
Removal of portion of stone and cement reservoir..	500 00
Connection of women nurses' home with steam supply for new acute building.....	3,000 00
Connecting male nurses' home and farmer's house with steam supply of new chronic building.....	3,000 00
Conversion of ice house into wagon shed and storage barn	500 00
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	\$146,150 00
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BUFFALO

Refrigerator plant	\$12,000 00
Coal conveyor	3,500 00
Railroad track scales	1,500 00
Fitting up shops for tailor and shoemaker over workshops	525 00
New concrete top on tunnel, main building to engine room	550 00
Changing plumbing to sinks, and new sinks in dining-rooms from wards 2-12, and new closets for wards 19, 20, 21, 22 and 23.....	4,000 00
New roofs on verandas, wards 19, 20, 21 and 22..	575 00
Electric cloth-cutting machine for workroom.....	350 00
Cement walks	750 00
New wire fence from Boulevard to Forest avenue.	200 00
Tuberculosis pavilion	4,000 00
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	\$27,950 00
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BINGHAMTON

Reconstruction of the lighting, heating and power plant	\$60,000 00
Additional water supply	5,000 00
Roads and walks about new chronic building, and roads and walks about new acute building.....	3,000 00

		Appropriations
Glass-enclosed verandas, wards 5 and 6	\$2,000	00
Verandas for west building	1,100	00
Tuberculosis camps	4,000	00
Electric truck	3,500	00
Enlargement of cold storage facilities	3,000	00
Shed for storing farm wagons, machinery, tools, etc.	600	00
Vitrified pipe for sewer and surface water disposal.	500	00
Water supply for Broadmoor	2,500	00
Nurses' home, 120 nurses	75,000	00
Furniture for acute building	7,500	00
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	\$150,200	00
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ST. LAWRENCE

Addition to farm, 300 acres	\$18,000	00
Limestone quarry	2,500	00
Dormitory for attendants at Inwood and group		
3, 48 beds	25,000	00
Ice house	6,000	00
Equipment for new surgery	1,200	00
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	\$42,700	00
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ROCHESTER

Renewal of interior telephone system	\$1,300	00
Tile floor for lavatories and kitchen	7,500	00
Additional furniture	1,250	00
Sun rooms, women's building, east	5,000	00
Porch and veranda, men's building, south	4,500	00
Mortuary	7,000	00
Building for industries	8,000	00
Painting outside woodwork	7,500	00
Walks and drives around new buildings	1,300	00
Trees, shrubs and plants around new building	575	00
Fence about lawns	6,975	00
Moving farm house from in front of nurses' home, and repairing same	1,250	00

Appropriations

Greenhouse	\$3,000 00
Water supply	750 00
Moving and rebuilding barns	1,500 00
Improvements of patients' apartments, Lake Farm	7,500 00
Amusement hall and equipment	25,000 00
Changing old boiler house to kitchen	20,500 00
Painting interior walls, new buildings	12,450 00
Propagating house, 1,700 sq. ft. with hot frames	1,300 00
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	\$130,150 00
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KINGS PARK

Building for industries, including steam heat, light, etc	\$30,000 00
Betterment of serving room accommodations at group, including buildings and equipment	4,200 00
Disinfecting chamber in connection with laundry, including steam machine	1,900 00
Sewage disposal system, (additional appropriation)	20,000 00
Permanent boiler house instead of auxiliary plant at group	60,000 00
For constructing cement walks	1,000 00
Change in employees' quarters at main stables and dairy barn	3,000 00
Purchase of additional land	15,000 00
Amusement hall	40,000 00
Administration building and additional accommodations for medical staff	25,000 00
Steel ceilings for wards	1,500 00
Broken trap rock for re-covering and repairing driveway	1,424 91
Extra boilers for high and low pressure service at main boiler house	6,000 00
Painting exterior and interior of buildings, including steel ceilings	5,000 00
Changing locks on various buildings of hospital	1,455 30

		Appropriations
Constructing basement and installing heater, isolation building	\$524	97
Extension to first assistant physician's house.....	2,000	00
Window guards, various buildings.....	1,700	00
Improvements to heating, 14 wards, buildings A, B, C, D	5,000	00
Shed for protection of farm wagons and tools....	500	00
Additional building for acute and hospital cases...	80,000	00
Ventilating and controlling ventilator sash in laundry, including erection of ventilating apparatus.	600	00
Water mains and hose connections for sprinklers, nurses' home	300	00
Repairs to roof of sun parlor, group.....	1,000	00
New 4-inch high pressure, steam line, main boiler house to cold storage plant and E kitchen.....	560	00
New laundry and equipment	70,000	00
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	\$378,065	18
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LONG ISLAND

Static machine	\$525	00
Lawns, shrubs, etc.....	350	00
Furniture for new buildings, and remodeled buildings.	30,000	00
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	\$30,875	00
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MANHATTAN

Changes in the electric lighting plant to make the system a complete 3-phase	\$1,700	00
Poultry building	1,500	00
Engineer and carpenter shop equipment.....	2,000	00
Road construction	1,000	00
Nurses' home	65,000	00
Area around annex building	2,000	00
Improvements to docks	1,000	00
Addition to ice plant.....	2,000	00

Appropriations

Congregate spray bath, east division.....	\$1,000 00
Furniture.	2,500 00
Placing wires underground	10,000 00
Laundry equipment	10,000 00
Roofs for pavilions	1,200 00
Bakery.	20,000 00
Alterations to floors, medical office.....	300 00
New beds to replace old ones.....	11,000 00
Sitting room pavilions	4,000 00
Fire protection, including fire pump.....	7,000 00
Electrical rewiring	4,000 00
Cement sidewalks	1,000 00
Renewal of steam lines, east building, and men employees' home	9,000 00
Three pavilions, 90 patients	9,000 00
Window screens	3,400 00
Greenhouse extension	1,000 00

\$173,000 00

CENTRAL ISLIP

Group for acute and curable cases.....	\$200,000 00
Attendants' home, capacity 200.....	100,000 00
Two horizontal tubular boilers, 100 h. p., installed complete, to replace boilers 3 and 4, north colony power plant	4,900 00
Alternating electric current generator, complete..	6,200 00
Painting interior of groups G and H.....	1,400 00
Addition to flour storage room of bakery, 24 x 57..	1,720 00
Storage and feed barn, with root cellar, 36 x 70...	1,640 00
Railroad locomotive	6,500 00
Cement or tile floor in corridor connecting wards 2 and 3, group 1.....	4,300 00
Extension to hennery	500 00
Fly screens, window and door, for first floor, south colony and dining rooms, north colony.....	4,376 50
Twelve washing machines in laundry.....	6,000 00
Cement walks	1,000 00

Carpenter shop	\$3,000 00	Appropriations
Machine shop	450 00	
Glass enclosures for verandas, south colony (winter months)	4,000 00	
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	\$345,986 50	
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GOWANDA

Acute hospital	\$80,000 00
Cold storage	25,000 00
Farm (80 acres)	8,000 00
Shrubbery.	500 00
Engine and dynamo	5,000 00
Electric fans for hospital wards.	75 00
Fire protection	2,000 00
New boiler and two stokers	5,500 00
Cottage for contagious diseases.	2,500 00
Walks and drives	1,000 00
Platform scales	200 00
Addition to farmhouse dining-room.	500 00
Hospital gates	500 00
Shoe machinery and carpenter's machinery.	1,000 00
Reservoir.	5,000 00
Water softener for laundry.	2,000 00
Officers' library	500 00
Purifying pans	450 00
Reid oven, 60 x 80 x 75 inches, for roasting meats.	150 00
Steam kettle	150 00
Belt, canvas, 60 feet.	30 00
Drain tile, 4,000 feet.	400 00
Root cellar	1,000 00
Electric cable, 7,000 feet.	1,800 00
Electric poles, 35	300 00
Medical supplies and apparatus.	505 00
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	\$144,060 00
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Total	\$2,033,945 68
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Appropriations

GENERAL

Additional appropriation required to erect an acute building at the Middletown State Hospital....	\$60,000 00
Building for dining room, scullery and kitchen purposes, Binghamton State Hospital	50,000 00
Additional appropriation for reception building, New York city	150,000 00
For extraordinary improvements, emergencies, etc.	260,000 00
Total .	<u>\$520,000 00</u>
Grand total	<u>\$2,553,945 68</u>

The Commission has during its regular visitation of the State hospitals, examined as to the necessity of each of the items requested and while admitting that many of them, if granted by the Legislature would prove very acceptable and desirable, cannot fully agree with the managers and superintendents of these institutions as to their actual necessity at this time.

It has decided that the following appropriations are necessary and that they should be made.

UTICA

Cold storage and ice plant.....	\$25,000 00
Barn and silos, Graycroft	7,500 00
Cement walks and gutters.....	1,500 00
Retubing four boilers and repairing settings..	1,764 00
Furniture for acute building.....	7,500 00
Finishing third story, nurses' home.....	10,000 00
	<u>\$53,264 00</u>

WILLARD

Furniture for Button house, also water supply, heating and plumbing	\$3,460 00
Enlarging two dining-rooms at Edgemere and two at the Pines	1,200 00

		Appropriations
Remodeling and modernizing old basement, cow stables and sheds, Hillside	\$1,150	00
Hardenbrook house and lot.....	550	00
For enlarging poultry plant	500	00
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	\$6,860	00
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HUDSON RIVER

Nurses' home and equipment.....	\$81,000	00
Day rooms for 26 and 27, E1 and E2, patients	5,000	00
Operating room	12,000	00
Finishing third floor of new chronic building or in extending capacity of nurses' house at central group.	17,000	00
Adding porches to Inwood.....	4,500	00
Addition to old amusement hall for dining, bath, clothes and toilet rooms for 50 patients.....	8,000	00
Refrigerator room for D-kitchen.....	2,200	00
Roads about new buildings	2,500	00
Walks to and around new buildings.....	1,000	00
Laundry extension and equipment for increased population.	10,000	00
Fire protection	8,000	00
New fences, and repairing old ones.....	3,500	00
Sun rooms for 23 and 24.....	2,000	00
Addition to library for patients	3,000	00
Hennery.	1,500	00
Plumbing, additional	5,000	00
Renewals to high tension electric lines.....	3,000	00
Outside lighting, and change in electric lighting system to cottages necessary	2,000	00
Steel house for filter beds	800	00
Three new boilers at central group.....	7,000	00
Water main, central group to cottages, also one 500,000 U. S. gallon pumping engine.....	7,500	00
Motor to replace pumps.....	700	00

Appropriations

Five boilers for cottages and repairs to heating system at cottages at \$600.....	\$3,000 00
Stone crusher (portable).....	1,600 00
Furniture for acute building	7,500 00
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	\$199,300 00
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MIDDLETOWN

Nurses' home and equipment.....	\$75,000 00
Solaria for annexes 1 and 2.....	20,000 00
Walk and gutter, also fence, Monhagen avenue...	2,000 00
Sewing and mending room, power elevator, etc., in connection with new laundry and slate roof on building	8,000 00
Furniture and equipment, new chronic building..	26,750 00
Grading and laying walks.....	1,700 00
Removal of hospital switch on Erie road.....	3,000 00
Extension of chapel and amusement hall.....	10,000 00
Connection of nurses' home with steam supply for new acute building	3,000 00
Connecting male nurses' home and farmer's house with steam supply of new chronic building.....	3,000 00
Balance required to erect acute building.....	60,000 00
	<hr/>
	\$218,450 00
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BUFFALO

Refrigerator plant	\$12,000 00
Changing plumbing to sinks and new sinks in dining-rooms from wards 2-12, refitting bath rooms, new closets for wards 19, 20, 21, 22, and 23 and hydrotherapeutic appliance	4,000 00
Cement walks	750 00
Tuberculosis pavilion	4,000 00
Refitting bath rooms, men's wing, main building, with labor	1,600 00
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	\$22,350 00
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BINGHAMTON

Appropriations

Reconstruction of the lighting, heating and power plant.	\$60,000 00
Additional water supply	5,000 00
Roads and walks about new chronic and acute buildings.	3,000 00
Glass-enclosed verandas, wards 5 and 6.	2,000 00
Verandas for west building	1,100 00
Enlargement of cold storage facilities.	3,000 00
Water supply for Broadmoor.	2,500 00
Nurses' home, 150 nurses, and equipment.	81,000 00
Furniture for acute building.	7,500 00
Kitchen addition, chronic building.	50,000 00
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	\$215,100 00
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ST. LAWRENCE

Limestone quarry	\$2,500 00
Dormitory for attendants at tuberculosis pavilion and group 3, 48 beds.	24,000 00
Ice house	6,000 00
Equipment for new surgery.	1,200 00
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	\$33,700 00
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ROCHESTER

Tile floor for lavatories and kitchen.	\$7,500 00
Sun rooms, women's building, east.	5,000 00
Porch and veranda, men's building, south.	4,500 00
Mortuary.	7,000 00
Building for industries	8,000 00
Walks and drives around new buildings.	1,300 00
Moving farm house from front of nurses' home, and repairs thereto	1,250 00
Greenhouse	3,000 00
Additional water supply.	4,000 00
Improvements of patients' apartments at Lake Farm	7,500 00

Appropriation

Amusement hall and equipment.....	\$25,000 00
Changing old boiler house to kitchen.....	20,500 00
Painting interior walls, new buildings.....	12,450 00
Pump-pit and exhaust line to infirmary.....	3,000 00
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	\$110,000 00
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MANHATTAN

Poultry building	\$1,500 00
Engineer and carpenter shop equipment.....	2,000 00
Road construction	1,000 00
Area around annex building	2,000 00
Improvements to docks and dredging.....	2,000 00
Addition to ice plant	2,000 00
Congregate spray bath, east division.....	1,000 00
Laundry equipment	10,000 00
Bakery building \$15,000, equipment \$5,000....	20,000 00
Sitting-room pavilions.....	4,000 00
Cement sidewalks	1,000 00
Three pavilions, 90 additional patients.....	9,000 00
Window screens	3,400 00
Greenhouse extension	1,000 00
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	\$59,900 00
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KINGS PARK

Building for industries, including steam heat, light, etc.	\$30,000 00
Betterment of serving room accommodations at group, including buildings and equipment....	4,200 00
Sewage disposal system, additional appropriation.	20,000 00
Permanent boiler house to replace auxiliary plant at group 1	60,000 00
For constructing cement walks.....	1,000 00
Purchase of additional land	15,000 00
Amusement hall	40,000 00
Administration building and additional accommo- dations for medical staff	25,000 00

Extension to first assistant physician's house.....	\$2,000 00	Appropriations
Window guards, various buildings.....	1,700 00	
New laundry and equipment.....	75,000 00	
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	\$273,900 00	
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LONG ISLAND

Furniture, new buildings.....	\$30,000 00
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CENTRAL ISLIP

Addition to flour storage room of bakery, 24 x 57..	\$1,720 00
Storage and feed barn, with root cellar, 36 x 70...	1,640 00
Railroad locomotive	6,500 00
Cement or tile floor in corridor connecting wards 2 and 3, group 1.....	4,300 00
Fly screens, window and door, for first floor, south colony and dining rooms, north colony.....	4,376 50
Twelve washing machines in laundry.....	6,000 00
Cement walks	1,000 00
Carpenter and machine shop.....	3,450 00
Glass enclosures for verandas, south colony, (win- ter months)	4,000 00
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	\$32,986 50
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GOWANDA

Cold storage	\$25,000 00
Fire protection	2,000 00
New boiler and two stokers.....	5,500 00
Cottage for contagious diseases.....	2,500 00
Walks and drives	1,000 00
Addition to farmhouse dining-room.....	500 00
Carpenters' and shoe machinery.....	1,000 00
Reservoir.	5,000 00

Appropriations

Water softener for laundry.....	\$2,000 00
Root cellar	1,000 00
Electric cable, 7,000 feet	1,800 00
Electric poles, 35.....	300 00
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	\$47,600 00
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GENERAL

For extraordinary repairs and emergencies one per centum of the valuation of State hospital plants, \$260,000.

Grand total of items recommended by Commission, \$1,563,-410.50.

DEPORTATION AND REMOVAL OF ALIEN AND NON-RESIDENT
INSANE

In preceding reports the Commission has dwelt at some length upon the large annual disbursement by the State for the support of persons who could not be regarded, strictly speaking, as entitled to maintenance. Nothing new can be added at this time to what has already been said with reference to the question of restricting undesirable immigration. It is sufficient to state that the Commission has spared no effort to co-operate to the utmost with the federal government in its determination to prevent the landing of mental defectives at American ports of entry. Under the direction of the Commission the State board of alienists has carefully examined every case of insanity in which there was reason to suspect that the patient had no legitimate claim for maintenance at the expense of the State, and as will be shown by the report of the board, appended hereto, tangible financial results have followed these examinations. During the year the Commission through its independent efforts, supplemented by those of the board of alienists and of hospital superintendents, secured the removal of 98 non-resident and 307 alien patients to the place of their legal residence outside the borders of this State.

The destination of patients deported is shown in the following statement which also shows the states to which non-resident patients have been removed:

OCTOBER 1, 1905, TO OCTOBER 1, 1906

ALIENS		NON-RESIDENTS	
Italy.	42	Missouri.	4
Holland.	2	Ohio.	7
Russia.	53	Connecticut.	11
Greece.	3	Pennsylvania	15
France.	11	New Hampshire.	2
Spain.	2	Maine.	1
Germany.	43	New Jersey.	15
Austria-Hungary.	66	Vermont.	2
Ireland.	23	Montana.	3
Syria.	1	California.	1
China.	1	Virginia.	10
Sweden.	5	Massachusetts.	10
Poland.	4	North Carolina	1
Armenia.	1	District of Columbia.	3
Switzerland.	3	Iowa.	1
Turkey.	5	Minnesota.	1
Norway.	7	Mexico.	2
Brazil.	1	Wisconsin.	1
England.	9	Illinois.	4
Finland.	7	Georgia.	1
West India.	7	Michigan.	2
Roumania.	2	Colorado.	1
Scotland.	1		
Wales.	1		93
Canada.	3		
Central America	1		

307

The Commission bespeaks the attention of the Legislature to the report of the board of alienists which follows:

REPORT OF THE STATE BOARD OF ALIENISTS FOR
THE YEAR ENDING SEPTEMBER 30, 1906

The economic and social evils following free immigration of indigent aliens are more generally appreciated now than ever before. In this connection the fact is known that the foreign born constitutes but one third of our population while it supplies the insane, criminals, paupers and other degenerates out of proportion to its numbers. The condition holds true in this State and in all other states except those drawing as immigrants the French Canadians. The percentage of the foreign born dependents now approaches 45 per cent of the total number in custody and there is no sign of a decrease in this proportion. Amongst the committed insane, for example, this percentage is equalled each year. Not all of these fall within the provisions of the immigration law, but the existence of this constant disproportion is suggestive and furnishes sufficient ground to justify steps looking to the removal of those in custody in violation of law. The cases that come within the provisions of this act are reported to the immigration authorities who take the necessary steps to enforce the statutes. This brings about no loss to the community and in fact that such deportations result in gain in every way is indicated by the following facts:

I. The quality of those sent back is thus shown: Of the last 100 deported we found that 16 had been insane in Europe; 45 had developed symptoms of insanity prior to landing; four were epileptics prior to landing; 15 were "always queer;" 15 were of low order mentally and prone to the deterioration which came on at once after landing; and the history of five showed insanity in near members of the family and mental instability on the part of the aliens. They all sprang from a class unable to pay the State even the reimbursing rate for care and treatment.

II. The financial gain is computed easily. The average length of institution life of the insane is 12 years and the maintenance is not far from \$200 per year.

The peasant type predominated in the class from which these people originated as well as amongst the immigrants as a whole. To our board at Ellis Island it looked of doubtful quality and the fact that it supplied an undue proportion of our degenerates proved it such. In England it was from this class that the number of the pauper insane was doubled in the last 50 years during which time no increase appeared in the other classes. The government inspection at Ellis Island was of much value in sifting out the worst element, and, in addition, aside from those debarred here,

many thousands of would-be immigrants were refused passage from Europe by the steamship companies for financial reasons and on the ground that the attempt to land was useless owing to apparent mental, physical or financial difficulties. But notwithstanding the care that was exercised thus by the government and by the steamship companies the result was not encouraging for, as heretofore shown, the new and inspected portion of the population suffers in comparison with the native stock.

Report of
State board
of alienists

As the appended tables show the work of this board increased considerably. Through our efforts the State was relieved last year of the burden of caring for nearly 250 insane persons. In addition, at Ellis Island one of the board examined the immigrants and we gained much information of value to the State. This representative joined with the local staff in making the inspection as thorough as possible. We found that many of those coming under observation after landing were not obviously insane while at Ellis Island, but were then in the early stages of the disease which became well developed in a few months. The average residence before they became public charges was nine months. Occasionally a well-marked case escaped the vigilance of the examiners, but under the conditions which existed it was not clear that this could be avoided in a few cases. Improvements at the station are under way and when completed will be of great value in allowing more thorough examination and more prolonged detention if that be necessary.

The medical certificate used by the board was the last one put into use by the Department of Commerce and Labor and was the final product of evolution toward a strong legal document. It was adopted after others had been tried and abandoned as lacking strength. The same department carefully investigated all cases presented by this board and removed the aliens to the departing ships with their property and valuables. Amongst others deported were several deserting seamen, whose cases were handled as if they had been legally landed, with the exception that the verifications of desertion were obtained from their respective consuls.

To a great extent this part of our work was done in this city where the largest number of aliens was committed. In addition we verified the landings of a considerable number of aliens for hospitals in other parts of the State. Of the cases that were considered as surely within the deportation period we failed to verify the landings in a few instances. These aliens were extremely stupid and no way to overcome the condition was apparent.

Several interesting legal decisions were rendered during the year by the Department of Commerce and Labor. For instance

Report of
State board
of alienists

following decisions of the Supreme court it was decided that a Porto Rican could not be deported though not a citizen of the United States. This occurred in the only instance where a native of that island came within our observation. On the other hand an immigrant from the Panama canal zone was declared unlawfully landed when duly reported, and he was deported. An interesting decision of another character was given in the case of a minor of German parentage who followed her widowed mother to this country. In the interval the mother married an American citizen, and taking his citizenship gave it in turn to the immigrant minor daughter. Thus this recently landed alien of low type mentally and "queer" from childhood could not be deported even though she joined with her mother and step-father in desiring deportation. Another alien was deported by friends to her home in Europe instead of to South America whence she came to New York. This was allowed by the department because she had no friends in the latter place and had a family in the former.

This board continued to notify aliens' friends regarding the State and national laws governing the deportation of certain public charges. Advantage was taken of this information in many mild cases and the State was saved their maintenance. Rarely do these cases reappear for commitment. Another side of the question relates to the future of the population contaminated by the blood of this poor stock, but that cannot be discussed in this report. The query might well be made as to the best policy for the State to pursue.

Worthy of note as a factor bearing on the increase of the insane in the hospitals was the existence of a number of non-resident alien insane amongst those committed. Coming to the city either (1) en route to Europe, or (2) as vagrants, they were picked up insane by the police and committed to the State hospitals. They were in the country too long for deportation and yet had no legal residence here or in any other state. A considerable number of such cases was admitted, but no remedy suggests itself at present. Right here it may be added that the suspicion that the authorities of other states deliberately dump the insane here is, in our opinion, not well founded. At least this board has found few cases in which such a charge could be made though occasionally cases appear which were left here by such authorities in mistaken good faith.

Respectfully submitted,

SIDNEY D. WILGUS

Chairman

STATISTICAL TABLE YEAR ENDING SEPTEMBER 30, Report of
State board
of alienists
1906, SHOWING DISPOSITION OF CASES COMING
UNDER THE OBSERVATION OF THE BOARD

Deported on orders from the Department of Commerce and Labor	149
Deported at expense of friends.....	14
Deported at expense of State.....	6
Non-residents returned at expense of friends.....	18
Non-residents returned at expense of State.....	5
Removed from custody as public charges by friends.....	51
Debarred	1
Landing verified but held.....	4
Landing verified but died in hospitals.....	21
Landing verified but found to be citizens.....	2
Landing verified but here over legal deportation period..	102
Landing verified but too ill for removal.....	3
Investigation negative (41), verification unobtainable (10).	51
Non-residents investigated and referred to other departments	19
Aliens investigated and referred to other departments.....	56
Under investigation Sept. 30, 1906.....	34
Under certification Sept. 30, 1906.....	33
Total	569

NATIONALITY OF THOSE DEPORTED YEAR ENDING
SEPTEMBER 30, 1906

Italy	12
Ireland	13
West Indies (colored).....	2
Switzerland	3
Russia	38
Germany	7
Finland	5
Norway	5
Sweden	1
Austro-Hungary	39
France	4
Turkey	7
Spain	1
Greece	3
Denmark	1

Report of
State board
of alienists

Wales	1
England	5
Roumania	2
Total	149

OCCUPATION OF THOSE DEPORTED YEAR ENDING SEPTEMBER 30, 1906

Domestics	58
Laborers	29
Tailors	19
Housewives	6
Bakers	3
Clerks	4
Upholsterers	2
Carpenters	2
Civil engineers	1
Ship stewards	2
Draughtsman	1
Blacksmith	4
Student	1
Weaver	1
Mechanics	3
Tanners	2
Salesman	1
Teachers	3
Stokers	2
Barber	1
Farmers	2
Merchants	2
Total	149

CIVIL CONDITION AND SEX OF THOSE DEPORTED YEAR ENDING SEPTEMBER 30, 1906

	Male	Female	Total
Single	60	59	119
Married	16	8	24
Widowed	2	3	5
Separated	1	0	1
Total	79	70	149

AGES OF THOSE DEPORTED, YEAR ENDING SEPTEMBER 30, 1906

Report of
State board
of alienists

10 to 15 years	3
15 to 20 years	46
20 to 25 years	42
25 to 30 years	26
30 to 35 years	13
35 to 40 years	10
40 to 45 years	7
45 to 50 years	2
Total	149

STEAMSHIP LINES DEPORTING ALIENS DURING YEAR ENDING SEPTEMBER 30, 1906

Hamburg-American	25
White Star	17
Cunard	18
North German Lloyd	19
American	15
Prince	5
French	10
Spanish	4
Scandinavian-American	4
Anchor	4
Red Star	12
Booth	2
Holland-American	7
Austro-American	3
Fabre	3
Allan	1
Total	149

TIME IN THE UNITED STATES OF THOSE DEPORTED YEAR ENDING SEPTEMBER 30, 1906

Became public charge:

Under 1 month	8
1 to 3 months	20
3 to 6 months	30
6 to 9 months	20

9 to 12 months	19
12 to 15 months	11
15 to 18 months	20
18 to 21 months	11
21 to 24 months	10
Total	149

PORTS OF LANDING OF THOSE DEPORTED YEAR ENDING SEPTEMBER 30, 1906

New York.....	139
Philadelphia	7
Boston	1
Portsmouth, Maine.....	1
Miami, Florida.....	1
Total ,	149

APPOINTMENTS, RESIGNATIONS AND DEATHS

Many changes have occurred in the personnel of the Commission during the past year. After two years of efficient service as president of the Commission, Dr. William Mabon resigned the office on May 1, 1906, to become superintendent of the Manhattan State Hospital. He was succeeded by Dr. Charles W. Pilgrim, formerly superintendent of the Hudson River State Hospital at Poughkeepsie.

Daniel N. Lockwood, who had served four years as legal commissioner, resigned May 1, 1906, and his death occurred during the same month. The ripe legal knowledge possessed by Commissioner Lockwood made his services of great value to the State and his loss will be keenly felt. He was succeeded by Sheldon T. Viele, of Buffalo, by appointment of Governor Higgins during the month of June, 1906.

The Commission is specially saddened by the loss which the service sustained in January, 1906, in the sudden death of the former superintendent of the Manhattan State Hospital, Dr. Emmet C. Dent. Carried away at the very zenith of his professional career, Dr. Dent left a record of achievement under adverse cir-

cumstances that must act as a stimulus upon all who were familiar with his life and work. The sympathy and love he at all times manifested toward his unfortunate charges mitigated to a great extent their enforced sequestration and his memory will be warmly cherished in their hearts.

An epitaph similar to that of Sir Christopher Wren's, in St. Paul's cathedral, might properly be engraved upon his tomb, for everywhere about the beautiful island where he lived and toiled so unceasingly may be found monuments to his well-directed and enthusiastic efforts.

REPORT OF THE PATHOLOGICAL INSTITUTE

As will be observed from the report of the Director of the Pathological Institute there has been no abatement in the earnestness with which the educational work of the Institute has been carried on. It is believed that Doctor Meyer's report for the year just closed will be of special interest and value to members of the Legislature and to the medical profession:

REPORT OF THE PATHOLOGICAL INSTITUTE FOR THE FISCAL YEAR 1905-1906

To the State Commission in Lunacy

Gentlemen — I herewith beg to submit to you a report of the work of the Pathological Institute during the year ending September 30, 1906.

The didactic work of the Pathological Institute during the year October 1, 1905, to September 30, 1906, consisted of two courses, of three months each, to physicians chosen to become responsible for the laboratory work, clinical and post-mortem, in the individual hospitals of the State service. All but two hospitals were represented. The need to be met was a preparation for such work as must be done at once, as occasion arises, and cannot be advantageously transferred to any central station. This holds especially for the clinical laboratory work for which each hospital must have adequate facilities, and for those matters of post-mortem examinations which should be reported to the physicians concerned, with as little delay as possible, while the clinical problems and the macroscopic appearances are still fresh in mind.

Quite a number of hospitals had developed laboratories, but in the majority there was a decided need of definite organization. Wherever the laboratories had developed it was easy to trace the development and maintenance of the standard to one or more

members of the staff who, when encouraged and supported by the superintendent, were willing to do the extra work. But it was obvious that without organization, and some training in what would be most fruitful, the laboratory of many a hospital would from time to time drift into oblivion, or, at least, would have to suffer seriously from occasional changes on the staff and changes of distribution of the work. Not infrequently the youngest physicians had to work without help or supervision, and since there was nobody to pave the way in the making and interpretation of findings the general interest of the staff was subject to great fluctuation.

Medical work cannot be carried on to-day without adequate laboratory facilities. Its omission leads to suppression of many instinctive queries of vital importance to efficient work, and is bound to encourage compromises from which both the patients and the morale of the work cannot help but suffer greatly. While there can be no doubt about this the *manner* of arranging for laboratory work is open to wide differences of opinion. The ideal plan would be such a distribution of the medical work that each physician might be able to do his own laboratory work with the exception of those matters which demand too much uninterrupted leisure. The more one deviates from this plan the more does the laboratory become a sanctum foreign to the thought and experience of most of the physicians. This is contrary to the best principles of medical practice, and while it is perhaps excusable in older practitioners who have not had the necessary training, or who have to keep an assistant on account of excessive demands on their time, it is certainly detrimental to the men of our day. The more such work is detailed to the poorly informed routinist the greater is the chance that opportunities of valuable observation are lost. Many of the methods formerly relegated to the specialist are so simplified that they can be done and should be done at the bedside or at least in an examination-room, such as every well-appointed hospital *ward* should have. The custom which existed in my early days of hospital experience of sending every specimen of urine to the "pathologist" for a routine report — a report which never can consider enough the special points suggested by the case — should be replaced, and the sooner this is done the better it will be for the patient, the physicians and the laboratory. Unless special studies are wanted the examination of blood and urine should be part of the physical examination, and as far as possible should be done at once and on the spot, while the interest in the case is undivided; and it should be done by the examiner or at least by the assistant of the service under his direct supervision. In order to keep up adequate standards, compari-

sons and demonstrations of concrete findings should be made at the staff-meetings, and the responsible head of the laboratory work should be in touch with the questions which arise and which demand settlement in the ward-work. Any further study which cannot be done in this simple manner should be made only after consultation between the physician in charge of the case and the laboratory-physician, otherwise we must often see ill-directed work with the presentation of fads, often enough culminating in the purchase and storing of a costly instrument and outfit. The desire for division of labor is pushed beyond profitable lines in many hospitals. It rarely leads to increase of efficiency, but seems largely prompted by increase of comfort of some of the assistants. The result is that not a few know too little of the possibilities and also of the limitation of methods and have hardly more than a talking acquaintance with the facts.

In the autopsy work, too, co-operation and not monopoly deserves to be insisted upon. It is easy to divide the work so that as much as possible can be worked out at the autopsy itself, in staining smears, making frozen sections and in the dictation and writing of the notes. This adds to the interest and makes everybody familiar with what no physician can afford to be ignorant of. Part of the preservation of the material, embedding and staining and the mounting of gross specimens had best be done with the assistance of a non-professional technician, so as to make sure that the physician concentrates his interest on what is essential. But the autopsy should wherever possible be an occasion of conjoint work, not of standing around. The modern technique of frozen sections allows of so many decisions which can be made at once when the macroscopic specimen is still at hand that it would be a pity to let the interest vanish and the time and the physicians present remain unemployed. Nothing is more likely to bring home the advantage of a knowledge of the histological technique of to-day than the opportunities thus offered; and nothing encourages the physicians of the staff more to try their hand and brain on the matters with which they must be familiar in order to do good medical thinking, and in order to follow intelligently the work of the laboratory and to derive adequate benefit from it.

The two courses above mentioned were adapted to the capacity and needs of the men sent from the hospitals. The first course was attended by six men who had little beyond the ordinary training of the medical schools, with no special preparation for laboratory work. The training in the most necessary methods of autopsy-technique, normal and abnormal histology, and the essentials of clinical laboratory work was done as much as possible in direct connection with the work of the autopsy service of the

Manhattan State Hospital, and the clinical division of the Institute, and gave a sufficient basis to be adapted to the special needs of each hospital. The second course was given to a group of men who in part had already done excellent laboratory work and who could begin directly with some special topics besides the carrying on of the routine topics that presented themselves during the period. In both courses, Dr. G. Y. Rusk had charge of the autopsy work and of histology, and Dr. J. H. Borden of the clinical laboratory work. In addition to this a brief review was given of the most important neurological data with special reference to the cortex and to the principal disease-types of the cortex. In this connection, Dr. C. I. Lambert gave some demonstrations of material sent to the Institute, serving as a foundation for a review of Nissl's and Alzheimer's work.

The organization of the work at the different hospitals can hardly be expected to be absolutely uniform, so much depends on the man selected and on the general policy and distribution of work. With this beginning it will, however, be possible for each hospital to make a start on which it will be easy to build further, and such as is absolutely necessary to avoid futile expenditures, which have characterized so many installations of laboratories in State hospitals in the past.

The laboratory should of course meet in the first place the needs of the principal worker; but it should offer besides opportunities to all the clinical workers of the hospital according to time and interest. To this end we all feel the great responsibility in assuring an *adequate distribution of the work*, and in providing enough physicians so that there is an end to that ruinous sore of so many of our hospitals, i. e. the justifiable excuse that the work cannot be done properly even with the best intentions. The days when a certain superintendent, in another state, feared that he could not "keep his staff busy" are days of the past. For all I can see the unpardonable reduction of the medical staffs enacted in 1899, by a short-sighted policy, will not be remedied unless all the hospitals join in the request for what seems quite obviously needed, considering the increasing demands on our staffs. It would perhaps be unfair to expect that the initiative should come from the Commission in Lunacy. It is an established fact that not only a restitution to the former working-force, but a gradual improvement according to actual needs rather than according to tradition, is an urgent condition of success in our effort to improve the medical service, and it should become a matter for early action, as soon as the readjustment of the salary-problem can be achieved.

Considering the continual queries about the actual *advantage to the State* of any such organized laboratory and autopsy work, it is

easy to show that, without making autopsies an obligatory duty, wherever permission can be obtained, and the neglect of strenuous efforts to get permission, a matter worth a severe official reprimand — we deprive ourselves of the best means of keeping our medical work above that inefficient standard which by an immaculate general routine may protect the hospital against scandal but might easily allow important diseases to go undiagnosed, and many a patient and his neighbors to be exposed to preventable dangers. Further, where the autopsy is not followed by a thorough histological study of the lesions, many decisive queries are left to the easy method of guessing; the result is that pressure of work suggests at the wrong moment, and in the wrong case, the question: Why not do the guessing without the additional work of an autopsy? We shall never know anything; why not stop where we have been comfortable enough? Every hospital-staff will tend to organize its work according to the degree and kind of comfort and efficiency it strives for; yet in this respect the policy of every hospital appears to be clearly enough in favor of the best possible organization. In making the standards it is our prime duty to consider the efficiency of the work for the patients, and the maintenance of progressive medical interests; and what is once accepted only needs to be taken into the routine regulations, in order to work almost automatically and to everybody's satisfaction and advantage. As long as there is uncertainty about these regulations there will always be great differences in the standards of the various services of the same hospital, in the utilization of modern methods and in the determination about securing the permissions for autopsies.

To-day no physician should be allowed *promotion* without evidence that he has mastered the discriminations which bring our work nearer the standards of scientific accuracy. This is easy to achieve by making the demonstration of the autopsy material and its further study part of the regular staff-meeting work, and by including in the examinations and conditions for promotion the efficiency shown in the work of the staff-meetings. This is not introducing theoretical standards, if, at least, the staff-meetings busy themselves with what is essential for the work and profitable.

In order to make the *staff-meetings* as helpful as possible to the demands made by the law on the superintendent and the staff, they should provide for a presentation of the patient and of the data and a thorough examination within five days after admission (the law requiring of the superintendent a personal examination of the condition of each patient within five days after admission). A second presentation of the patient is made with a summary of the facts and a revised diagnosis within about four to 10 weeks

after admission, and a third presentation is made before discharge. Nothing is so promotive of clearness of thought and definition of work as such a presentation of the facts under the critical eye of all the physicians of the hospital. Inconsistencies and flaws of observation, indifference about the procuring of information, looseness of diagnostic reasoning, ignorance of the real practical issues of psychiatry, are thus eliminated in a way that is bound to make the work interesting, and profitable to patient and physician alike. A record is kept of what is accepted as diagnostic facts, etiology, prognosis, special provision for treatment, and of the discussion, so that when the case is taken up again, the gain in knowledge becomes plain. *The conferences on the post-mortem work* should be conducted as follows: The notes of the clinical diagnosis, dictated at the beginning of each autopsy, or furnished in writing before the autopsy and containing all the data of probable physical disorders, their duration and evolution, are to be read; then comes the summary and demonstration of macroscopic and microscopic evidence from the autopsy material; this is to be followed by a report of the pertinent clinical facts which the written history contains, with a statement as to how the clinical work should be done in future cases to assure the maximum certainty concerning the findings even during the life of the patient. Such a comparison of the data gives the most immediate and most valuable returns in increasing accuracy and keenness of clinical methods and reasoning. Without it the autopsy-work is merely a continuation of self protection which characterizes the work of all physicians who have ceased to progress. The fear that such scrutiny of the autopsy-material might diminish the desire of the physicians to secure permissions for autopsies, is hardly warranted if the work is carried on in the only spirit which will make it successful; that of a sound meliorism without pedantry, a spirit of helpful inquiry and not of censure, with an opportunity to bring up needs of the services which otherwise might pass unrecognized under the cover of tradition.

It is unfortunate that laboratory work makes most people think first of what figures in eager minds as *research work*, and that, in turn, research work makes many expect some results of a visionary type or in the direction of one fad or another, rather than the settlement of a more or less direct problem. The laboratory must be part of the necessary outfit of the *working* physicians; and if they do their work well, they cannot help doing work with the standards and results of research. Unfortunately, I cannot say that the assistants have always been encouraged most when they most need it, i. e. along the lines of making their ordinary work more efficient and more interesting and more useful. Ambition is

too apt to be pinned on some technical fad of the day. Instead of that, groups of material sifted for the staff-meetings and utilization of the growing mass of facts in the records offer excellent opportunities for real contributions where knowledge is most needed. In several hospitals, very interesting studies are being made such as will be valuable additions to clinical psychiatry and such as will greatly add to the efficiency of the daily work. There is no doubt that we can make the daily hospital work more like the work of the efficient practitioner, who is under the fire of lively competition and under the critical eye of sane patients and their families, and without the protection of a routine of rounds and office work and other duties. It is undeniable that our State hospitals, to-day, offer *opportunities for graduates in medicine*, which rank well with those of most general hospitals, as a training for practical efficiency in general medicine, as well as in special work. It may take some time yet to overcome the feeling of so many of our contemporary leaders in medicine that institution work is apt to disqualify a man for efficient outside work; so that it is difficult to attract the type of physicians who alone are competent for the nearly all-embracing work of practical psychiatry. But the day is rapidly approaching, if it has not already dawned, when most of our fellow-workers will be heartily proud of the work of the State hospitals and anxious to advise more physicians to avail themselves of the experience obtainable in the modern "asylum."

Six meetings of hospital physicians have been held during the past year. The up-state hospitals sent representatives to a meeting of the St. Lawrence State Hospital, Nov. 1905, to Rochester in February, 1906, and to Willard in May, 1906, while the down-state hospitals responded to an invitation by the Middletown State Hospital, Nov. 1905, the Hudson River State Hospital, April, 1906, and the Kings Park State Hospital, September, 1906. Each meeting consisted of an afternoon, an evening and a forenoon session. It was usually introduced by the superintendent of the entertaining hospital by a sketch of the general organization of the medical work of the hospital, there being in every place interesting special problems and ways of meeting them; this was followed by the reading of papers introducing the demonstration of a group or groups of cases chosen by the staff as a principal topic of discussion. The evening was usually devoted to a review of the autopsy-work and a report of the conjoint work of the institute on material furnished for special investigation. The next forenoon was spent with another group of clinical cases and communications and papers from the staff and from visitors. Further, an inspection of the hospital was arranged for. The programs were, without exception, of great interest. They will,

no doubt, find a place in the reports of the respective hospitals. It is to be hoped that the best results of this work will become accessible in print in connection with the conference reports of the Commission and the superintendents, and that, together, they will become the nucleus of a medium of intercommunication of work such as will greatly promote an exchange of experience and interest in co-operation.

The work of the special divisions of the Institute has made considerable progress in the past year. To the clinical service of 50 beds for the admission of women, the authorities of Manhattan State Hospital allowed us to add a male service of 60 beds largely for cases of general paralysis and organic disorders. The absence of Dr. G. H. Kirby, who spent six months in study at the new Psychiatric clinic of Munich, and the resignation of Dr. C. H. Holmes in April, and that of Dr. J. H. Borden in June, threw a heavy burden on Dr. C. Macfie Campbell and retarded the progress of the work to some extent.

Dr. Borden made an extensive study of the occurrence of indicanuria. His results show clearly the fallacy of many of the more or less sensational publications on this question — the inconclusiveness of merely qualitative tests without consideration of the 24 hour work of urine. The very interesting experimental work lately communicated by Professor Lee promises to give more definition to the claims of toxicity of indol than any clinical work has done so far.

I herewith present the reports of the services of Dr. G. H. Kirby and Dr. C. M. Campbell, and the report of Dr. C. B. Dunlap and Dr. C. I. Lambert.

REPORT OF DR. G. H. KIRBY, ASSOCIATE IN CLINICAL PSYCHIATRY

In the female division of the Manhattan State Hospital the clinical work of the Institute is carried on in ward 27. During the year 99 new patients were received into the ward immediately upon their arrival at the Hospital. As we have begun to focus our attention on more definite lines of work the cases are to a certain extent selected; preference was thus shown for manic-depressive psychoses and cases of dementia praecox, also a relatively large number of alcoholic disorders were taken under observation.

In the grouping of our material the arrangement suggested in the previous report of the Institute has been found practicable and helpful. The allied groups exert an especially wholesome influence; they allow us to keep apart the rather numerous cases about which we are in doubt and this tends to bring out points of

difference instead of smoothing them away. Such a method must assist us in the further analysis of the complex symptom-pictures with which we are confronted.

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The following tabulation shows the diagnostic grouping:

A. DISORDERS ETIOLOGICALLY CHARACTERIZED:

I. *Psychoses with more or less definite brain disease.*

1. Psychoses part of a nervous disease.....	2
Brain tumor	0
Traumatic psychoses	0
Brain syphilis	1
Ascending hemiplegia	1
2. Arterio-sclerotic brain disease	2
3. Senile psychoses	0
4. General paralysis	7
Cerebral form	5
Tabetic form	2

II. *Psychoses due to intoxications.*

1. Alcoholic psychoses	16
Alcoholic paranoid states	4
Alcoholic delusion of jealousy	1
Recurrent hallucinosis	1
Acute unilateral hallucinosis	1
Subacute hallucinosis	1
Alcoholic amnesia	1
Korsakoff complex	7
2. Drug psychoses	2

III. *Autotoxic or infective exhaustive types.*

Infective-exhaustive psychoses	2
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B. SYMPTOMATIC-PROGNOSTIC TYPES:

1. Allied to the infective-exhaustive group	0
2. Depressions not belonging to other specific groups:	
Essential depressions not sufficiently differentiated	2
Hypochondriacal depressions	2
Anxiety psychoses (largely of invol. period)	3
Depressions with additional symptoms	2
3. Dementia praecox	19
Paranoid form	10
Simple and hebephrenic forms	7
Katatonic forms	2
Allied to dementia praecox	6
4. Paranoid conditions	5

	Chronic systematized delusions of persecution	3	
	Unsystematized delusions of persecution	2	
5.	Manic-depressive psychoses	18	
	Manic attacks	9	
	Depressive attacks	7	
	Mixed forms	2	
	Conditions allied to manic-depressive insanity..	7	

C. PSYCHOSES BELONGING TO DEFINITE NEUROSES OR CONSTITUTIONS:

	Psychasthenic insanity	1
	Epileptic insanity	0
	Hysterical insanity	0
	Constitutional inferiority	3
	Imbecility and idiocy	0

REMARKS ON A FEW CASES

General paralysis and brain syphilis—In not a few cases we are confronted with the question as to whether we are dealing with a brain syphilis or a general paralytic process. Some cases present such a peculiar combination of clinical symptoms that a correct diagnosis may be quite impossible and the final decision must rest with the histo-pathological examination; the rare combination of the two processes must be borne in mind. The following case is one about which we are in doubt:

A patient 32 years of age came under observation in June, 1905. No positive history of syphilis was obtained. For two years previous she had complained of headaches, her disposition changed, she made useless and extravagant purchases, became forgetful and careless in her habits and finally had several convulsive attacks followed by transitory confusion. In the hospital the patient showed a simplicity of manner, feeling of well being, defects in memory and retention, into the latter of which she had, however, considerable insight. Lumbar puncture gave a positive lymphocytosis. At this time the diagnosis of general paralysis was made. In a short time, however, the convulsive seizures recurred and distinct focal symptoms appeared, with partial aphasia, right-sided weakness and diminished pain sensibility on the same side. The lesion showed itself externally as a temporal periostitis and internally it was thought to involve the dura and the vascular supply of the left temporal region. The symptoms referable to this lesion as well as the external swelling subsided promptly under anti-syphilitic medication; the patient's mental condition showed

a marked improvement and she was able to leave the hospital. The persistence, however, of some slight writing and speech defect was thought to indicate that in addition to the undoubted cerebral syphilis there might be a process of general paralysis in a state of remission. The good realization of her condition shown by the patient throughout the attack seemed on the other hand to speak against general paralysis and the speech and writing defects which persisted might be the result of a partial damage to the speech field.

The patient remained at home four months; she was unable to get along, tho it must be admitted that she was placed in a trying position because of domestic difficulties. She finally had a fainting attack and was returned to the hospital August, 1906. She now shows decided defects of judgment, much irritability, an unreasonable mood and a wholly inadequate attitude towards the situation. There are discrepancies in her time statements and a tendency to mix a lot of topics together when she talks; slight speech and writing defect persist. A further course of anti-syphilitic treatment has had no effect upon her condition.

Korsakoff-complex — The question as to the part played by infectious disorders and other general disturbances in the production of the polyneuritic psychosis has been frequently discussed. Our series of seven cases during the past year are instructive from this point of view. In all of the seven patients chronic alcoholism was established, but immediately preceding or accompanying the development of the delirium the following additional factors were present:

Pneumonia	1 case
Erysipelas	1 case
Dysentery	1 case
Miscarriage	1 case
Still-birth	1 case
Tubercular joint disease	1 case

This leaves only one patient in whom there appeared to be no cause beyond alcoholism.

Unilateral auditory hallucinosis — An alcoholic psychosis in an epileptic; voices in the left ear which began after a trauma to the left side of the head.

The patient is 28 years old and has had epileptic fits since the age of 16. Since the age of 20 she has taken alcohol to excess and had several attacks of delirium tremens. She has an especially strong craving for drink during the menstrual periods and the convulsive attacks are more apt to occur at this time.

November, 1904, she was struck on the left side of the face and had the jaw bone fractured. A few weeks later, during a spree,

she began to hear voices in the left ear, and subsequently whenever she began to drink, the hallucinations recurred. May, 1906, she was admitted to the hospital. She described the hallucinations as talking in the left ear and she thought it was the devil's voice. At times she becomes much frightened, again she is cheerful and has considerable insight. The voices are mostly lewd suggestions or threats of violence. Examination of the ears shows the hearing to be less acute on the left, the drum flat and retracted and without light reflex. In the hospital she has been for short periods free from hallucinations, then they recur again, and are always limited to the left ear; they are whisperings which seem to be in or quite near the ear and at night if she lies on the left side she is much more apt to hear the talking.

Mixed forms of manic-depressive insanity — These cases are not very rare, but their recognition is often quite difficult, especially during the first attack. They are then usually classed as deterioration cases. The following is a short account of a case which was at first thought to be an anxiety psychosis.

A woman 59 years old was admitted June 19, 1906; her husband stated that 14 years previous at the time of the menopause she had an attack during which she was uneasy, fearful, walked about the house, bit her finger nails, hid under the bed, believed she was to be killed. She recovered in four months. The present attack began six weeks before admission with sleeplessness and inattention to her work. She seemed to be in fear, paced the floor and bit her finger nails. When admitted to the hospital she was depressed, tearful, clasped her hands, moaned, said she had done everything wrong, claimed that she was lost. She was not slow in speech or action, her grasp on the past was fair, there seemed to be no difficulty in thinking, but her ignorance made some of the tests unsatisfactory. At this time the anxious affect and self-accusations, with little or no evidences of slowness in thought or action, led to the belief that the depression was probably related to the involution type. In a few days, however, a peculiar mixture of mood was noticed; the patient would whimper and moan, accuse herself of wickedness, say she was a pig afflicted with a filthy disease, deserted by God, etc. Yet in the midst of these self-deprecatory statements she would often smile, make jocose allusions or laugh when the physician made cheerful remarks. Later there was observed also some slight distractibility and a few flighty elaborations were uttered. In this state one recognized some manic traits, mild exhilaration, distractibility and flighty remarks, associated with a depressive trend of talk and self-accusations, a combination which indicated a mixed phase of a manic-depressive attack. The further course justified this con-

clusion, the anxiety and ideas of unworthiness disappeared, but the mild elation and humorous mood persisted for some time. The affect of the patient furnished a hint for the diagnosis from the first because even then there was not the pre-occupation and inner tension of a typical anxiety psychosis. The patient could be influenced somewhat by cheering remarks and even brought to smile a little. These reactions must, however, be distinguished from the grim humor and smiling which is often seen in the anxious depressions.

REPORT OF DR. C. MACFIE CAMPBELL, ASSISTANT IN PSYCHIATRY

The work carried on in the service of male patients taken over in October, 1905, has consisted mainly in the study of mental disorders based on organic changes in the nervous system. During the course of the year 92 patients were observed. The cases were distributed as follows:

General paralysis of the insane.....	66
Syphilitic meningo-encephalitis.....	1
Syphilitic vascular brain disease.....	2
Arterio-sclerotic insanity.....	4
Senile psychosis.....	2
Alcoholic psychosis.....	4
Paranoic condition accompanying organic nervous disease (syringomyelia, traumatic paraplegia, hemianopia)...	3
Obscure case of hemianopia with episodes of complete blindness.....	1
Tabes with non-paralytic psychosis.....	1
Imbecile with general spasticity.....	1
Traumatic insanity.....	3
Functional disorders.....	4

General paralysis formed the main subject of study and especial attention was paid to the neurological incidents, such as convulsions, transitory paralysis, hemianopia, episodes of confusion, etc., and their relation to the course of the disease. The clinical analysis of the cases was directed with a view to giving greater precision to the criteria, which one is entitled to use in making the diagnosis of the disease. Two cases presented great difficulty of diagnosis in view of the varied neurological incidents which had occurred in their history; the possibility of syphilitic vascular brain disease was kept in mind but post-mortem examination put the diagnosis of general paralysis beyond doubt. In two cases of several years' duration, the fact that the memory and general grasp were practically unimpaired was in striking contrast with the

markedly defective attitude of the patient with regard to his sickness and detention in the hospital; this defect was an important element in the dementia. In the case of a young man, with rapid onset of a megalomaniac excitement, no defect symptoms were demonstrated and the patient was able to leave the hospital and resume his work after a few months; the physical symptoms of general paralysis were still present on discharge.

In the other cases of this group, the two elements — the dementia and the delusional elements — presented very varied relations. Cases presenting the classical megalomaniac picture were comparatively rare; the elements of dementia were usually the most important guide to the diagnosis.

A considerable group of cases presented tabetic features, but in very few cases were the tabetic features so well marked as in uncomplicated tabes; the relation of the tabetic to the paralytic symptoms varied — sometimes the paralytic features preceded the tabetic, sometimes it was the reverse. Among the neurological incidents hemiplegic episodes were not rare, and three cases presented hemianopia, a symptom which may easily be overlooked.

With regard to the etiology of the cases observed, trauma was a cause frequently given. In several cases the trauma seemed to have precipitated the development of the general paralysis, but in no case did the development of the psychosis differ from the usual course, and in no case with trauma as an element was syphilis excluded. The frequency with which a history of syphilis was obtained varied in direct proportion to the accuracy of the anamnesis.

The analysis of the cases of brain syphilis was especially important in view of the fact that clinical differentiation is at present considerably behind the precision which anatomical examination is able to claim. It was unfortunate that an autopsy was refused in the case of syphilitic meningo-encephalitis.

The cases of arterio-sclerotic insanity were chiefly of the nervous form, uncomplicated by focal symptoms, the main symptoms being fatigability, dizziness, a variety of head feelings, some emotional instability, confusion varying from time to time, defective memory, but with good preservation of the personality. A more severe case suffered from a series of epileptiform convulsions with onset in late life.

In December, 1905, three cases of mental disorder, immediately following fracture of the skull, were admitted. These cases showed considerable similarity in the presence at the outset of delirious symptoms, but varied somewhat in their course. All, however, recovered apparently without defect.

During the year 22 deaths occurred in the ward; permission for autopsy was refused on nine occasions, three of these cases being Hebrews, while the refusal in the other cases was based on purely sentimental grounds or an unsympathetic attitude towards scientific work. In 13 cases permission was given; in five of these cases it was given only after several refusals had not been accepted as final.

The absence of an autopsy in some cases deprived the clinical observations of a great deal of their value.

REPORT OF THE HISTOLOGICAL LABORATORY FROM OCTOBER 1, 1905, TO SEPTEMBER 30, 1906.

Dr. Charles B. Dunlap, associate in neuropathology, and Dr. Charles I. Lambert, make the following report of the work done in the histological laboratory.

Sixty-nine cases were received at the Pathological Institute during the year. Of these, three cases were contributed from outside the State service, and will not be entered in the following groups. They included: a case of complete optic atrophy, with the anatomical findings of general paralysis. There was no history with this case. A case of gas poisoning, also without history, which showed multiple fresh subcortical softenings; a case of "polio-encephalitis superior," in which the active symptoms had subsided months before death, which was finally due to intracranial hemorrhage from rupture of a small aneurism. There were also numerous fresh midbrain hemorrhages.

The remaining 66 cases were contributed by 10 of the State hospitals as follows:

Buffalo State Hospital	17 cases
St. Lawrence State Hospital	14 cases
Middletown State Homeopathic Hospital	11 cases
Willard State Hospital	5 cases
Manhattan State Hospital	5 cases
Rochester State Hospital	4 cases
Binghamton State Hospital	3 cases
Kings Park State Hospital	3 cases
Hudson River State Hospital	2 cases
Gowanda State Homeopathic Hospital	1 case
Craig Colony	1 case
Total	66 cases

These cases may be arranged in the following groups according to the main anatomical features:

GENERAL PARALYSIS

Twelve Cases

A — General Paralysis, without focal symptoms

Seven Cases

No. 134. *Manhattan State Hospital*. General paralysis with diffuse cortical tissue changes of a very moderate degree: in a patient of 36. No positive history of syphilis (husband denies chancre, but has had headaches for 10 years); duration about three years, whose psychosis showed manic traits and a remitting or circular course. Used for topographical study.

No. 141. *St. Lawrence State Hospital*. General paralysis with optic atrophy and blindness: in a woman of 36, who had entered a hospital four months previous to her admission to the insane hospital—suffering from syphilitic infection. Duration of psychosis about 17 months. The microscope shows a very active process in the paracentral cortex, as well as a diffuse process, and almost complete optic nerve atrophy. Used for series of optic apparatus and for tissue study.

No. 155. *Buffalo State Hospital*. General paralysis, of tabetic type, with diffuse tissue changes and marked involvement of the paracentral region: in a prostitute of 29, who had probably had syphilis, but no date was determined, nor was the onset of the psychosis ascertained. Progressive dementia without delusions. No convulsions. Death from pneumonia. Used for cortex studies. Unusually small numbers of plasma cells.

No. 163. *Middletown State Homeopathic Hospital*. General paralysis with the usual gross appearances, and characteristic microscopical findings, except that the process is more intense in the motor (paracentral) cortex than is usual: in a hostler of 54, with no mention of specific history, but irregular sexual life. Duration of psychosis about 16 months. Used for cortex studies.

No. 167. *Rochester State Hospital*. General paralysis in a brain which shows in addition, atheroma and thickening, especially of the large cerebral vessels. Moderate frontal atrophy. Enlargement of the right lateral ventricle with evidence of atrophy along its walls and roof. Organized subdural membrane with fresh hemorrhage beneath it: in a salesman who seemed old and feeble and was markedly arteriosclerotic, but said he was 24. He developed his psychosis after an injury to the head about three years before death. No specific history noted. The microscope shows a generally distributed infiltration, characteristic of general paralysis; lacunar sclerosis about many of the larger subcortical vessels, including those of the basal nuclei, and extensive subcortical neuroglia reaction of both fibrous and cellular type

about these areas. Used for tissue study and study of regional distribution in large and small sections.

No. 185. *Buffalo State Hospital*. Anatomically, general paralysis in a man; syphilis probable. Clinically and anatomically characteristic of general paralysis. Used for topographical cortex study. Plasma cells unusually abundant.

No. 192. *Willard State Hospital*. General paralysis with characteristic macroscopic and microscopic changes. Duration of psychosis about two years. Right eye lost two years before death; the left eye enucleated two weeks before death, which occurred one day after admission to the hospital. Used for cortical study.

(Case 192 is also entered under *traumatic lesions*.)

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B—General Paralysis, with Focal Symptoms

Five Cases

No. 123. *Buffalo State Hospital*. General paralysis with right-sided symptoms; a variable degree of numbness, weakness, trembling, and spastic gait: in a patient of 39, who denied syphilis. Death four years after the onset. The microscope showed an intense diffuse characteristic tissue alteration in which the left motor cortex was greatly devastated, the right to a slightly less degree. Used for study of regional distribution.

No. 157. *Manhattan State Hospital — Service of Pathological Institute*. General paralysis with moderate general atrophy, which appears a trifle more marked in the left central cortex than in the right. The case presented right sided symptoms (cramps and stiffness in right hand and fingers, with increased arm reflexes; transitory aphasia; an occasional right-sided convulsive attack with weakness in the right hand, and some disturbance of sensation). The symptoms were variable and more or less transitory: in a woman of 48 in whom no history of syphilis or miscarriage was obtained. Psychosis of about three years duration. The microscope shows an intense diffuse process characteristic of general paralysis in both motor cortices as well as elsewhere, but it is about evenly balanced on the two sides. Used for regional study in large slices.

No. 160. *St. Lawrence State Hospital*. General paralysis with reduction in size of the right hemisphere and marked cortical atrophy in the right frontal and temporal cortex, and especially in the right superior parietal lobule, less in the paracentral region, marked in the cuneus. Cortical erosion (slight) in the right precentral gyrus; left-sided atrophy of less degree, mainly frontal and prefrontal: in a carpenter of 45 with a definite history of syphilis about 28 years previous. Duration of psychosis

about five years with characteristic symptom complex. About seven months before death severe convulsions with paresis of the left face, arm and leg, which persisted until death, with partial loss of pain sense. The microscope shows a diffuse tissue change, characteristic of general paralysis, except that the number of plasma cells is extremely small; there is almost complete cortical destruction and marked proliferation of neuroglia cells in those areas most extensively affected. Used for cortex study and regional distribution.

No. 176. *Buffalo State Hospital*. General paralysis of the tabetic type with marked characteristic cortical changes; a focus of softening in the middle third of the first left temporal convolution: in an intemperate German of 45, with double optic atrophy 11 years previous to death; immobile pupils and absent knee jerks, little or no sensibility disturbance. Syphilis not recorded. Convulsions frequent six months before death. Three months previous to death severe left-sided convulsion. Partial sensory aphasia. Used for topographical cortex studies.

No. 188. *Manhattan State Hospital*. General paralysis with extensive cortical alterations and multiple focal softenings in the first and second right frontal convolutions and the upper fourth of the right anterior central convolution; softening of the head of the caudate nucleus and the anterior fourth of the left putamen; secondary degeneration of the motor paths in the crura: in a reporter of 43, with syphilis at 35, diplopia and paralysis of the left arm and leg three years after, from which there was partial recovery, followed a year and a half later by another attack with increased weakness, exaggerated reflexes and Babinski, all on the left side, Romberg, spastic-paretic gait, a tremulous sticking speech and normal pupils; mentally there was marked euphoria, carelessness and confusion with a moderate memory disorder and fair insight. Two weeks before death a series of right-sided convulsions with right-sided weakness, during which period there was marked paraphasia and perseveration. Brain to be used for cortex studies and complete series.

LEAD POISONING, WITH A PSYCHOSIS RESEMBLING GENERAL PARALYSIS

One Case

No. 173. *Hudson River State Hospital*. A brain from a case of lead poisoning without gross lesions or ventricular granulations: in a painter of 44, with a lead line on the gums and an insane heredity; with no evidence, in the history, of syphilis. Duration of psychosis, which presented atypical features of gen-

eral paralysis, about four years. Microscopically the evidence for general paralysis was considered insufficient, and for the time being the case is left out of this group. Used for tissue study.

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CEREBRAL SYPHILIS

One Case

No. 181. *Buffalo State Hospital.* A solitary gumma imbedded in the left anterior perforated space substance, negative meningeal condition, small hemorrhage in the tegmentum of mid-brain. In a woman of 36 whose psychosis was characterized by hallucinatory and delusional states with epileptoid deliria; no focal symptoms. Died rather suddenly, three days after a long period (four weeks) of good mental and physical health. Used for cortex and specific lesion studies.

ACUTE MENINGO-ENCEPHALITIS

One Case

No. 174. *St. Lawrence State Hospital.* Acute meningo-encephalitis, in a brain without striking gross anatomical features: in a patient of 56, a drug habitué, with a psychosis of uncertain duration, who produced suppuration in both eyes by attempting to tear them out 10 days before death. Enucleation three days before death, which was due to extension backward of the process. Used for tissue study; too recent for Marchi. The microscope shows local collections of leucocytes in the meninges and in and about many cortical and subcortical vessels with considerable tissue destruction. The meningeal exudate is generally not abundant. Numerous "corpora amylacea" in and near the exudate.

ARTERIO-SCLEROSIS WITH FOCAL LESIONS

Twenty-five Cases

These are subdivided as follows:

A — Arterio-sclerosis with old softenings

Nineteen Cases

No. 122. *Buffalo State Hospital.* Atheroma of basal blood vessels with multiple small old softenings in both hemispheres; reduction in size of the right hemisphere and partial degeneration in the right pyramid: in a patient who had a permanent left-sided palsy, without loss of consciousness or mental symptoms, at the age of 58; a second stroke 10 months later, less severe and without further physical disability, but with immediate appearance of con-

fusion, weak memory and hallucinations. Death four years after first stroke. Used for study, at different levels, by Weigert's method.

No. 124. *Buffalo State Hospital*. Extensive atheroma of large and small cerebral vessels with extensive old softening in the left visual cortex, slight softening in the right; diffuse subcortical softenings, especially in the left parietal lobe (angular gyrus); defects in the genu and splenium of the corpus callosum; moderate cortical atrophy: in a hard working laborer of 58, who showed general unsteadiness and weakness for about four years and progressive dementia of two years duration. Vision was defective, but hemianopsia was not established; some paraphasia and perseveration. Used for series.

No. 135. *Middletown State Homeopathic Hospital*. General arterio-sclerosis; old discolored softening in left orbital surface, without focal symptoms; in a woman of 69, epileptic for 44 years. Much dementia towards the end. Used for series of affected hemisphere.

No. 136. *Middletown State Homeopathic Hospital*. Arterio-sclerotic narrowing and thickening of cerebral arteries, especially of the left middle cerebral, whose calibre is much reduced, with somewhat focalized atrophy in the left lower frontal and lower parietal cortex, numerous small subcortical softenings in both hemispheres and slight defect in the left internal capsule: in a carpenter of 56, who had a right-sided apoplectic stroke about four years before death; he presented progressive symptoms of aphasia, bilateral facial paralysis, slow drawing speech, with right-sided arm and ankle clonus and progressive helplessness. Used for comparative study in large slices.

No. 148. *Middletown State Homeopathic Hospital*. Arterio-sclerosis of the basal vessels, especially of the left mid-cerebral, with practically complete destruction of the left central convolutions, the mesial aspect of L.F.₁, the middle portions of T₁ and T₂. Small right-sided softenings in the posterior central and in T₁ and T₂; multiple small softenings of minor importance in both hemispheres: in an engineer and bar-keeper of 34 with probable syphilitic history 17 years previous. Sudden persistent right-sided hemiplegia and loss of sensation occurred five years before death, with inability to speak intelligibly, but understanding of commands. Doubtful right hemianopsia. Used for complete series. The question of a specific origin of the vascular condition is of interest in this case.

No. 149. *St. Lawrence State Hospital*. Whitening, with only slight thickening, of the basal vessels. Small old right-sided cortical softenings in T₁, supramarginal and angular gyri. Large

softening in the right lenticular nucleus and insula with damage to the right internal capsule: in a woman of "middle age, psychosis not recorded, in whom a mild paresis of the left arm and leg was noticed on the day of death; she lived only 11 days after admission. No record of previous apoplexy. Used for gross specimen and tissue study.

No. 151. *Kings Park State Hospital.* Marked atheromatous nodes and general thickening in the cerebral arteries, especially in the left middle cerebral and the left posterior cerebral. Extensive old softening in and beneath the first, second and third temporal convolutions, the left fusiform lobule and the left occipital pole. Fresher lesions in the left supramarginal and angular gyrus: in a saw-maker of 67, with a psychosis of two years duration (delusions of persecution, disorientation, hallucinations, apprehension and restlessness). Aphasia — inability to read or write, difficulty in naming objects seen — right hemianopsia, various epileptiform convulsions. No paralysis. Used for series of left hemisphere.

No. 156. *Hudson River State Hospital.* Advanced and widespread arterio-sclerosis and atheroma of the cerebral arteries, with multiple old softenings and atrophies. The most extensive softening involves the base of the left temporal lobe and the left cuneus. Smaller foci are present in the left second and third frontal convolutions, the left anterior and posterior central gyri, and the left supramarginal and angular gyri. The left pyramid is flattened: in a hotel employee of 66, with occasional epileptic attacks about three years previous to death. Weakness of right arm and leg one year before death; about nine months before death right hemianopsia and aphasia, limited speech, and paraphasic replies, were noted. Used for series.

No. 161. *Rochester State Hospital.* Old softening and complete destruction of about the lower three-fourths of the left central convolutions involving the insular cortex, the posterior ends of L.F._{1, 2} and ₃, and the mesial aspect of L.F.₁. Reduction in size of the left crus cerebri and pyramid. No gross lesion was discovered in the cerebral vessels, but calcareous plates were found in the abdominal aorta: in a patient of 61, who, two and one-half years before death had "cerebral hemorrhage" with paralysis of right face, arm and leg. In time the face recovered completely, the leg partially, the arm remained paralyzed. Total inability to speak persisted until death; understanding was good. Gradual mental deterioration. Death from "atheroma of mesenteric arteries." Used for series.

No. 165. *Middletown State Homeopathic Hospital.* An old arterio-sclerotic softening beneath the left angular gyrus and tem-

poral lobe cutting into the sagittal marrow and involving the transverse temporal gyri; recent softening in the anterior third of the corpus callosum: in an intemperate farmer of 55, six years before death partial sensory aphasia, paraphasia and apraxia without hemiplegia or paralysis, marked writing, reading and memory defects, with mental confusion and reduced intelligence. Recurring convulsions with increased feebleness, the left side being slightly weaker than the right, before death. Used for cortex studies and series.

No. 170. *St. Lawrence State Hospital.* Extensive atheroma of the basal arteries, especially the left middle cerebral, with multiple old softenings, located especially in L.F., the lower half of the left anterior central gyrus, the left temporal lobe, the left supramarginal and angular gyri. General atrophy of the frontal convolutions: in an actor of 67, who had been a hospital resident for (paranoic condition?) 29 years. A fainting spell, with quick recovery, about two years and four months before death; several subsequent attacks about six months later. About seven months before death right facial paralysis and aphasia occurred and persisted until death with inability to understand, speak or write. Fainting attacks preceded his death. Used for series.

No. 175. *Manhattan State Hospital.* Atheroma and thickening of the basal blood vessels, and of the main branches of the Sylvian arteries, especially the left. Old softenings in L.F., left supramarginal and angular gyri and in the left optic thalamus. Fresh softening in Broca's convolution; old softenings in R.F., and right angular gyrus: in a cook of about 82, who sometime previous to the age of 73 had had "a stroke." Sudden persistent loss of speech occurred about four years before death without unconsciousness. A year later her speech was practically limited to variations on one phrase, and to a few simple words, with some ability to repeat words and sentences. On admission, about one and one-half years before death, there were residuals of a right hemiplegia; great desire to communicate; understanding only of simple words and sentences; recognition of digits, with partial ability to name them; ability to read simple words, but seldom sentences; writing from dictation was impossible. Used for series.

No. 177. *Buffalo State Hospital.* General arterio-sclerosis, hemorrhagic pachymeningitis with the formation of bilateral and symmetrical pads over the parietal lobes about 10 centimeters in diameter; subjacent cortical and subcortical yellow softenings: in a man intemperate for 30 years, with a mitral heart lesion. Onset 11 years before death with headache and vertigo; terminal dementia toward the last and left hemiplegia two weeks before death. Used for cortex studies.

No. 179. *Buffalo State Hospital*. Extensive atheroma of the larger cerebral vessels. General convolitional atrophy,—grayness and reduction in size of the right internal capsule and crus; softening in the right cerebellar hemisphere: in an intemperate French farmer of 78, who had suffered a left hemiplegia 11 years before death, occasional epileptiform convulsions intervening; terminal dementia. Used for cortex studies and partial series.

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No. 182. *Buffalo State Hospital*. General atheroma of the basal vessels; moderate convolitional atrophy, multiple foci of old softening on the basal aspect of the right occipital lobe, another bordering the right parieto-occipital fissure; other small foci in the splenium and tegmentum: in an intemperate Bavarian, 70 years old. Duration of psychosis three years. Residuals of hemiplegia; external strabismus of right eye, ptosis of left lid, right pupil normal, left fixed, and vision defective. Knee jerks absent. To be cut as a series.

No. 190. *Middletown State Homeopathic Hospital*. An arterio-sclerotic brain with multiple softenings in the basal nuclei and numerous lacunar atrophies throughout the medullary substance, with associated fibre degenerations. A recent hemorrhage in the right putamen: in an accountant, aged 65, with a negative family and personal history; onset 20 years previous to death, with declining mentality; two years previous to death apoplexy and left hemiplegia, unexplained by any one focal lesion. Several similar attacks subsequently. Spontaneous speech defective. Right-sided weakness two months before death, apathetic, emotional and disoriented; memory defective, no retention, partial mind-blindness. Used for topographical study.

No. 191. *St. Lawrence State Hospital*. An arterio-sclerotic brain with convolitional atrophy and an old focus of essentially subcortical softening in the right parietal lobe extending to the sagittal marrow; smaller softenings in the left precuneus and left frontal region: in a laborer of about 60, who suffered an apoplectic stroke two years before death, with subsequent memory defect, disorientation, retrospective falsification and a vague delusional trend. Eighteen months before death a shock without apparent paralysis at the time but with anarthria, two weeks later partial right-sided facial paralysis and right-sided blindness: recurring convulsions several months before death without definite localizing symptoms, but considerable right facial twitching, which later involved the right arm and leg; the left pupil was immobile and dilated. To be cut as a series.

No. 193. *Willard State Hospital*. A markedly arterio-sclerotic brain (weight 820 gms.) with general convolitional atrophy; old

softening in the right parietal lobe, the splenium and the right calcarine regions: in a woman 70 years old, with a psychosis of 13 years standing. No focal symptoms observed. Used for special cortical studies and as a gross anatomical specimen.

No. 198. *Middletown State Homeopathic Hospital*. An arterio-sclerotic brain with old symmetrical softenings in both the right and left caudate and lenticular nuclei; lacunar atrophics in the right putamen; secondary degenerations in the crura; coarse ventricular granulations: in an intemperate engineer of 61, showing a presbyophrenic occupation delirium, ushered in by poorly localized convulsions, and a transient left hemiplegia four years before death; aortic aneurism diagnosed one year before death. Used for partial series.

(Case 135 is also included under *Epilepsy*, and case 190 under *Fresh hemorrhages*.)

B — Arterio-sclerosis, with Fresh Softenings

Four Cases

No. 144. *Binghamton State Hospital*. Arterio-sclerotic softening in left thalamus, internal capsule, splenium, tapetum, cornu ammonis, calcarine marrow and cortex, with right hemiplegia of 11 days duration—complete paralysis of the arm, partial paralysis of the leg: in a patient of 66. Clinical diagnosis, terminal dementia. In the hospital for 13 years. Death, from lobar pneumonia. Used for histology of the lesions.

No. 158. *St. Lawrence State Hospital*. Extensive arterio-sclerosis and atheromatous degeneration of basal and cortical blood vessels. Fresh softenings in the distribution of the left parieto-temporal artery (L.T.₁ and ₂, supramarginal and angular gyri) which is extremely narrowed: in a laborer of 70 with dementia for 14 years, epileptic attacks are mentioned about two years before death. Death from lobar pneumonia 10 days after 10 light convulsive attacks. Focal symptoms not recorded. Used for tissue study in large slices.

No. 184. *Buffalo State Hospital*. An arterio-sclerotic brain with recent multiple softenings in the first and second left frontal convolutions, and somewhat older softenings in the right parieto-occipital regions. Numerous microscopic softenings associated with the shorter cortical vessels: in an intemperate German of 66, with a psychosis of a depressed emotional delusional type of about one years duration; exaggeration of reflexes, senile tremor and, three months before death, left hemiplegia; one week before death paralysis of the right side, double Babinski. Left hemianopsia doubtful.

No. 189. *Binghamton State Hospital*. Marked atheroma of cerebral arteries. Practical occlusion of a branch of the left anterior cerebral with resulting softening in the left paracentral lobule, about the upper fourth of the precentral convolution, the posterior end of L.F.₁, and the superior parietal lobule; some general cortical atrophy: in a farmer of about 74, with a psychosis (senile dementia) of about three or four years duration. About three and one-half months previous to death complete paralysis with loss of sensation in the right leg; face and arm not involved. Too fresh for Wiegert, too old for Marchi. To be used for histological studies and gross specimen.

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C — Arterio-sclerosis, with Fresh Hemorrhages

Two Cases

No. 140. *St. Lawrence State Hospital*. Hemorrhage into the right Sylvian fissure: in a domestic of 50, whose cerebral arteries generally were in a very fair condition. Duration of psychosis (which began as a depression, with delusions of persecution, and hallucinations of hearing) about 14 years. Used as a gross specimen.

No. 190. *Middletown State Homeopathic Hospital*. Fresh hemorrhage in the right putamen. (Also included under *Arterio-sclerosis with old softenings*.)

SOFTENINGS OF PROBABLE EMBOLIC ORIGIN

Two Cases

No. 186. *Buffalo State Hospital*. Fresh cortical softening in the right first and second temporal convolutions; old softening in the right lenticular nucleus: in an intemperate German of 39, who had rheumatism at 12 and a mitral heart lesion since then; apoplectic stroke eight months before death. Was depressed, confused and delusional. Used for cortex studies.

No. 197. *Kings Park State Hospital*. Cortical softening involving the second and third right frontal convolutions and the right inferior limb of the anterior and posterior central convolutions: in an intemperate woman of 35 with a mitral heart lesion. A psychosis with occasional remissions, of 16 years duration. Two years before death developed tuberculosis, one year before death, left-sided paralysis of arm and face which disappeared in one week, partial motor aphasia. Patient wrote equally well with both hands.

BRAIN TUMORS

Six Cases

No. 133. *Rochester State Hospital.* A large glioma, of ependymal type, beneath the right mid-central cortex. A small endothelioma in the right prefrontal region: in a lumber inspector of 47, who had shown symptoms for about two years; frontal headaches, and at times delirium and hallucinations. In the last year of life, convulsive attacks of Jacksonian type, beginning in left hand and arm. Operation with failure to find the tumor, followed by oedema of brain and left-sided paralysis; death three months later. Used for tissue study, and gross specimen.

No. 159. *Willard State Hospital.* An endothelioma of large size imbedded in the right frontal lobe; marked flattening of convolutions and compression of the first, second, third and sixth cranial nerves: in a mechanic of 61 years, of a paranoic trend for about 15 years, following a gas intoxication; optic atrophy, defective hearing on the left side and exaggeration of reflexes on the right side, double Babinski; limping, staggering, propulsive gait with bending of head and arching of body toward the side of the lesion; fainting spells and periods of prolonged unconsciousness. Death two years after admission to hospital.

No. 169. *Rochester State Hospital.* A very small endothelioma in the falx cerebri, in an epileptic. This tumor was too small to be of clinical significance, but was histologically of great interest, as illustrating the mode of growth of these tumors. (See also under *Epilepsy, without gross lesions.*)

No. 187. *Middletown State Homeopathic Hospital.* Small neuroglial tumors in the roof and floor of the fourth ventricle in an epileptic of 45 years duration. (Also entered under *Epilepsy, with gross lesions.*)

No. 195. *Willard State Hospital.* Angioma in the left temporal lobe. (Further described under *Epilepsy, with gross lesions.*)

No. 196. *Middletown State Homeopathic Hospital.* An ependymal glioma arising from the floor of the third ventricle with oedema and softening of the right lenticular nucleus, complete softening with cavity formation of the left lenticular nucleus: in a patient of 54; duration of psychosis, 18 months; admitted with history of neuralgic attacks, insomnia and some stiffness of limbs, persistent pain in back; two months before death vomiting; somewhat later convulsions and sluggish right pupil, increasing somnolence, staggering gait, tremor of right hand and arm, dragging of the right foot, drooping of the left lid, dilation

and immobility of the right pupil. Used for study of tumor and adjacent cortex.

(Two of these cases, Nos. 187 and 195, are also entered under *Epilepsy, with gross lesions*; No. 169, under *Epilepsy, without gross lesions*.)

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TRAUMATIC OR OPERATIVE LESIONS

Two Cases

No. 147. *Gowanda State Homeopathic Hospital*. A large brain with small basal vessels, slight flattening of the temporal convolutions and atrophy and degeneration of the right optic nerve: in a laborer of 64 who had lost his right eye in an accident at 23; immobile pupil. Mentally there was considerable agitation with much talkativeness. Death about six months after admission. To be used for series.

No. 192. *Willard State Hospital*. General paralysis, with loss of the right eye two years before death, enucleation of the left eye two weeks before death. (Already entered under *General paralysis, without focal symptoms*.)

DIFFUSE PARENCHYMATOUS DEGENERATIONS

Four Cases

No. 143. *St. Lawrence State Hospital*. Central neuritis in a brain showing general atrophy, most marked in the prefrontal region; advanced axonal alteration of the large cells in the motor cortex; numerous satellite cells: in an emaciated American woman of 46, whose psychosis began eight months previous to death, with a distressed, delusional trend; declining weight; on admission she was weak, and later had a staggering gait with tremor of hands and face which grew coarser; reflexes active, ankle clonus, spastic extremities, with flexion and irregular movements of the arms. Used for special cortex and Marchi studies.

No. 146. *Buffalo State Hospital*. Central neuritis. Axonal alteration of the largest pyramids in the motor cortex, many of which show a whirlpool arrangement of the stainable bodies: in an emaciated, intemperate German woman of 44, with a history of delirium tremens four years previous to death; and on admission to the hospital one week before death, she was incoherent, reacting to hallucinations, depressed and mildly delirious; this latter condition increased in severity toward the last. There was considerable hyperaesthesia and probable neuritis with restless agitation, facial twitchings and rigidity of the lower extremities. Argyll-Robertson pupils, gastritis and tuberculosis. Used for special cortex studies.

No. 171. *St. Lawrence State Hospital*. Central neuritis in a tinner aged 51; onset one year previous with depression and hallucinations; much emaciated; coarse tremor of head and tongue; active reflexes; restless, and one month preceding death much confused; one week preceding death muscular rigidity with clonic spasms of the neck and arm muscles. Advanced axonal alteration of the large cells of the motor cortex. Used for special cortex studies.

No. 178. *Buffalo State Hospital*. Central neuritis. Incipient and advanced parenchymatous alterations with axonal reaction of the largest cells of the motor cortex, brain swollen: in a woman of 57, admitted in 1881, the psychosis having begun five years previous. Progressive and finally extreme dementia, incoherent, noisy, destructive. Death from exhaustion. Used for cortex study.

EPILEPSY

Ten Cases

A — Epilepsy without Demonstrable Gross Lesions

Two Cases

No. 139. *Binghamton State Hospital*. Epilepsy of unknown duration in a patient of about 29. Death from acute endocarditis, phlebitis, and areas of pulmonary consolidation. Multiple acute small inflammatory areas associated with hemorrhages, in the brain-stem and optic chiasm. Used for histology of cortex and of foci.

No. 169. *Rochester State Hospital*. A small brain with small calcareous specks in the pia of the two hemispheres. A small lentiform endothelioma in the falx cerebri: in a hard-working, emaciated widow of 50, who had suffered from delirious epileptiform attacks for the past 18 years. Admitted three weeks before death, delirious in the morning but usually clear in the afternoon and evenings, oral twitching, language interrupted and broken; Romberg, straddling gait, absent knee jerks, no Babinski; systolic murmur. Death in status. Used for special cortex studies.

(This case is also entered under *Brain tumors*.)

B — Epilepsy with Gross Lesions

Seven Cases

No. 135. *Middletown State Homeopathic Hospital*. An epileptic of 44 years standing, with an old lesion in the left orbital cortex. (Already included under *Arterio-sclerosis with old softenings*.)

No. 152. *St. Lawrence State Hospital*. Marked reduction in size of the right cerebral hemisphere, with atrophy and withered brownish convolutions, especially those bordering the posterior half of the fissure of Sylvius. Marked reduction in size of the right pyramid; a slightly smaller left cerebellar hemisphere. Complete atrophy of about the posterior half of the corpus callosum, not including the splenium: in an epileptic of 54(?) who showed marked deterioration. Left hemiplegia since the age of three. Left-sided atrophy and contractures. Used for series.

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No. 153. *St. Lawrence State Hospital*. Extensive old softenings in the base of the left temporal lobe, mainly T₃, 4 and 5, with only slight thickening of the basal blood vessels, no obstruction found in the left posterior cerebral. No history of heart disease or syphilis: in a housewife of 39, epileptic since puberty. Epileptic insanity. Death in status epilepticus. Used for series of left hemisphere and special cortex studies of right.

No. 168. *St. Lawrence State Hospital*. Extensive arteriosclerosis and atheroma of the large and medium-sized cerebral arteries. Moderate atrophy of frontal, parietal, orbital and temporal convolutions; no focal lesions: in a demented epileptic housekeeper of about 60; duration about 17 years. Death in status epilepticus. To be used for special cortex studies in connection with epilepsy.

No. 172. *St. Lawrence State Hospital*. Extensive arteriosclerosis, atheroma and some calcification of the large cerebral arteries, with multiple somewhat focalized atrophies in the distribution of both parieto-temporal branches of the Sylvian arteries, and some involvement of the superior parietal lobules: in an epileptic laborer, probably of about 65, with a psychosis of 13 years duration. No focal symptoms referable to the lesions. Death in status. Used for study of the lesions, and for special studies in epilepsy. Marked cortex destruction and coarse bundles of neuroglia in the atrophic areas.

No. 187. *Middletown State Homeopathic Hospital*. Moderate atrophy of the frontal, prefrontal and anterior portion of the temporal cortex. Slight thickening of the basal arteries. Small neuroglial tumors in the roof, and one in the floor of the fourth ventricle: in a molder of 60, epileptic since the age of 15. Mental symptoms about nine years before death. Used for study of the tumors, and special tissue studies in connection with epilepsy.

No. 195. *Willard State Hospital*. Angioma of the left temporal lobe involving the left temporal tip, and the anterior half of the first and second temporal convolutions. Psychosis of 27 years duration, beginning with attacks resembling petit mal, which increased in number and severity toward the last, with periods of

prolonged unconsciousness followed by stupor and confusion. Talked readily, no aphasia. Two weeks before death a shock, followed by ptosis of the left eyelid, and left hemiplegia. Only the left temporal lobe was received. Used for paraffin series; remainder of brain not available.

(Cases 187 and 195 are also entered under *Cerebral tumors*, and case 135 under *Arterio-sclerosis with old softenings*.)

C — Epilepsy with Congenitally Defective Brain

One Case

No. 150. *Craig Colony*. Small specimens of tuberous sclerosis from the brain of an epileptic idiot about eight years of age, who had an alcoholic father and a simple mother. Convulsions since birth. Nystagmus. The microscope shows the nodes to be composed of dense fibrous neuroglia tissue, with a few scattered nerve cells. Used for tissue study.

UNCLASSIFIED ANATOMICALLY

Seven Cases

Dementia Praecox

Five Cases

No. 154. *Buffalo State Hospital*. An essentially negative brain from a case of dementia praecox, aged 35, with mental symptoms beginning at about the age of 17. Death from tuberculosis. Used for special cortex studies.

No. 164. *Middletown State Homeopathic Hospital*. An essentially negative brain from a stenographer of 36, with a psychosis (dementia praecox) of about seven years duration. Death from tuberculosis and pulmonary hemorrhage. Used for special cortex study.

No. 166. *Middletown State Homeopathic Hospital*. A brain, practically negative in gross appearance from an Italian laborer of 26 with a psychosis (dementia praecox) of unknown duration. Death from pulmonary tuberculosis and hemorrhage. Used for special cortex studies.

No. 180. *Buffalo State Hospital*. A negative brain grossly. Clinically, a case of dementia praecox, death from tuberculosis. To be used for special cortex studies.

No. 183. *Buffalo State Hospital*. A fairly normal looking brain with two bony plaques in the dura: in an intemperate Swedish convict 26 years old. Duration of psychosis not recorded; "weak-minded," simple, foolish, filthy and destructive with mannerisms (dementia praecox). Used for cortex studies.

No. 145. *St. Lawrence State Hospital*. An essentially negative brain, except for some perivascular lymphoid cell infiltration: in a woman of 53. Diagnosis, imbecility, mania. Psychosis of about 20 years duration. Death from intestinal hemorrhage. Used for tissue study.

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No. 142. *Manhattan State Hospital*. A fresh brain from a case of manic-depressive insanity. Used for dissection and cortex study.

It will be seen that the largest group is that in which arterio-sclerotic or other vascular processes are the basis of the lesions. Work is in progress towards bringing the material which the Institute possesses, in this class of cases, into definite form for a topical report.

With the same end in view the material in general paralysis will be reviewed. Much of this material has necessarily been fixed in formalin, which is rather detrimental to the finer histological study required in this class of cases. But within the past year several of the hospitals have sent tissue fixed, at the time of autopsy, in 95 per cent alcohol, and in Zenker's fluid: this has aided greatly in the study of these cases.

The epileptic cases are also being worked over with several special problems in view, and we would be very appreciative of further material of this kind, especially if freshly fixed at autopsy, as in the cases of general paralysis above mentioned.

Although the collection of brain tumors is small most of the chief types are represented, and it seems not unprofitable to make them the basis of a report.

A comparative study of the cortex in dementia praecox and allied conditions with normal material is being undertaken with special methods. A few cases have already been received for this purpose; further contributions of material from cases of rapid development with marked dementia, as well as those in which the psychosis is of long duration, are especially welcome, particularly those cases which do not die from chronic wasting diseases.

LABORATORY WORK

The technical work of the laboratory, which has been done by five non-professional assistants, has consisted in the preparation and mounting of over 8,000 slides, of which nearly half were large slides from cases cut in serial section; this represents the cutting of about 23,000 slices.

Among the most important cases prepared were:

A complete transverse series of a case from Long Island State Hospital, in which there was softening in the left auditory center, and the left angular gyrus extending to the sagittal marrow.

A complete transverse series of a case of epilepsy from Middletown State Homeopathic Hospital, in which the left cerebral hemisphere was smaller than the right, the right cerebellar hemisphere smaller than the left.

A partial series of a case from Buffalo State Hospital of transcortical motor aphasia, resulting from a syphilitic process in the left temporo-parietal region.

A partial series of a case from Buffalo State Hospital with a softening in the right parieto-occipital lobe.

A partial series of a case from Buffalo State Hospital with an atrophic lesion in the left second and third temporal convolutions.

A partial series of a case of epilepsy from Middletown State Homeopathic Hospital in which the left hemisphere and thalamus were unusually small.

A complete series of a case of epilepsy with congenital defect in the right frontal lobe (microgyria), from Craig Colony.

A partial series of a case with a traumatic lesion in the left temporal lobe, from Middletown State Homeopathic Hospital.

A partial series of a case of porencephaly in the left occipital region, from Buffalo State Hospital.

A partial series of a case of organic dementia with softening in the left second and third frontal convolutions, from Binghamton State Hospital.

A complete series of a case of aphasia, from Hudson River State Hospital.

A partial series of a case of epilepsy with a left cerebellar cyst, from Craig Colony.

A partial series of a case of general paralysis with double optic atrophy, from Utica State Hospital.

An interesting case of extreme cortex alterations in general paralysis, from Manhattan State Hospital.

A partial series of a case of aphasia with a capsular lesion, from Hudson River State Hospital.

A segmental and topographical series from a case of tabes and general paralysis with advanced cord and cortical changes and multiple foci of softening, in a brain from Willard State Hospital.

A topographical series of a case of general paralysis with right hemiplegia, from Buffalo State Hospital.

A partial series of a case in which there was loss of the right eye, from Manhattan State Hospital.

A brain tumor case, from Rochester State Hospital.

Large paraffin sections from an anatomically interesting case of arterio-sclerosis with aphasia, from Middletown State Homeopathic Hospital.

A series of a case of optic atrophy received from Dr. J. R. Hunt, New York city.

Four cases of central neuritis, two from St. Lawrence State Hospital and two from Buffalo State Hospital.

A case of aphasia, from Kings Park State Hospital.

A case of general paralysis with focal symptoms, from Manhattan State Hospital.

A case of brain tumor, endotheloma, from Willard State Hospital.

A case of left-sided general paralysis, from St. Lawrence State Hospital.

A case of epilepsy with extreme neuroglia reaction and arterio-sclerotic atrophies, from St. Lawrence State Hospital.

A case of lead encephalopathy, closely resembling general paralysis clinically, but not presenting the characteristic anatomical features of the latter process.

Topographical sections, with an optic nerve series, from a case of focal general paralysis, from Buffalo State Hospital.

A case of brain syphilis, gumma, from Buffalo State Hospital.

A case of multiple softenings in cortex and basal nuclei, probably of syphilitic origin, in a brain showing characteristic general paralytic changes, from Manhattan State Hospital.

A topographical paraffin series from a case of arterio-sclerotic lacunar atrophies, from Middletown State Homeopathic Hospital.

A large paraffin series of a case of subcortical softening, corresponding with the distribution of the middle cerebral artery, from Willard State Hospital.

A paraffin series of an angioma in the left temporal lobe of an epileptic's brain, from Willard State Hospital.

A brain tumor, glioma, from Middletown State Homeopathic Hospital.

The same general method of reporting cases has been continued: upon receipt of the anatomical material and clinical abstract a gross description with summary and statement of the use to be made of the material, together with necessary photographs and drawings, are made. Depending upon the nature of the case photographs and drawings in duplicate are made use of to accompany the final gross and microscopic reports to the hospitals. Increasing attention has been given to photomicrography. A series of lantern slides is being prepared from the photographic plates of the gross and microscopic brain and cord lesions.

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In the histological department the work on the material from the hospitals has been brought essentially up to date with the exception of those cases and aspects which get their meaning and value only in connection with a conjoint presentation of the various

anatomical regions. Some very valuable material has been obtained, the most valuable probably being a case from the Willard State Hospital, of a bullet-wound in the post-parietal cortex, with death within 26 days after the injury and, therefore, with a possibility of studying with the Marchi method the exact extent of fiber-connections of this region. This case has finally settled many confused ideas about the fiber-connections of the occipital lobe and forms one of the best contributions for the monographic presentation of our material. The importance of collecting all material which comes within the range of the *Marchi method* is so great that some directions will not be out of place.

The lines along which our anatomical laboratory invites co-operation are for the present at least those organic disorders which offer problems of histological diagnosis of tissue-lesions and definite localization of the extent of the disturbance (questionable general paralysis, especially the "stationary" forms and those with focal symptoms, cerebral syphilis, central neuritis; lead-intoxications; various types of softening, tumors, abscesses and traumatisms, etc.); special interest is attached to brains with such focal lesions as produced well defined secondary degenerations, to help us unravel the paths of fibres of the central nervous system and their origin and distribution. Sharply circumscribed lesions, single or multiple, with sufficient information as to the age of the process will make such specimens of great anatomical interest, even if the clinical account should be more or less defective. But it is natural that a wider familiarity with the problems presenting themselves will greatly stimulate the physicians of the State service to be more painstaking with the clinical issues. In this respect a most gratifying improvement of the records is noticeable, as was already stated in last year's report. In order to help those most closely concerned with these problems, courses will be arranged at an early date reviewing our material pertaining to the visual apparatus, to aphasia, to the problems of apoplexy, etc., so as to draw the attention of the clinicians to the special demands to be made on clinical records in order to make them as useful as possible.

The brains of all cases in which serial sections are to be made for the study of secondary degeneration, or which demand accurate topographical localization gain very much in value by *injection* with 10 per cent formalin *before removal*, a process which adds to the preservation of the body, without causing any disfigurement (if at least the ordinary precautions are used), and does not delay the autopsy more than an hour. The method used at the Institute (injection from the aorta) or that of Onuf (injection into the spinal canal, in cases in which a delay of the autopsy is feared),

gives excellent results forming a striking contrast with the distorted specimens so often seen formerly. If injection is not feasible, the brain should, at least, be supported by cotton in as correct a position as possible when it is placed in 10 per cent formalin. It is always best not to cut the lesions while the tissues are not yet hardened. The brain is ready for shipment (in a crated tin can, completely filled by formalin-solution and *very little cotton*) within a week, and should be accompanied by the spinal cord wherever any study of efferent paths may be under consideration, or tabes or absence of knee-jerks, etc., was present. Similarly a spinal cord should always be accompanied by the brain stem or preferably the entire brain in order to establish the cerebral connections.

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The very profitable but expensive *Marchi method* is worth applying if the patient has lived between 15 and 60 days after the lesion occurred. The brain and record should reach the laboratory within 10 days after death, because the osmic acid reaction is lost in formalin within a relatively short time. The ordinary Weigert method for medullated fibres gives useful results only after several months' standing of a degeneration.

The disadvantage of not cutting a brain at the autopsy is fully made up for by the neatness of the topographical relations of specimen and photographs, which prove infinitely more useful than the vague results of dissection of the fresh brain.

Unfortunately formalin is not a very good fixative for cell-studies. It is, therefore, necessary to preserve some small blocks in 95 per cent alcohol when cell and tissue studies are the chief issue or demand a deviation from the routine in cases with gross lesions, which should be left quite intact.

As soon as more definite knowledge of facts will warrant the study of comparative measurements of special cortical areas it will become very desirable to dispose of collections of brains from well-studied cases of functional disorders, paranoia, dementia praecox, manic-depressive insanity, etc. For these, preservation in 10 per cent formalin, with or without injection before removal, will be the best method available to-day.

The program for the year 1906-7 includes an additional course for laboratory training for those hospitals which either did not send any one to the previous courses or need a substitute for the man trained. A clinical course, reviewing the main data of psychopathology, and the cases in the clinical division of the Institute, will be given towards spring. Special work is offered to physicians who will undertake specific investigations to get the necessary training, and also the facilities of the library and the advantages of thorough discussion. In this direction reviews of

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the material referring to the visual apparatus, constructions of brain-models, etc., are being prepared; clinical topics for co-operative work are being revised and in the course of the year it is expected that the first report of the research work can be brought towards completion.

In closing, I beg to express my full appreciation of the hearty co-operation of your Commission and of my colleagues in the State service.

Very respectfully yours

ADOLF MEYER

QUARTERLY CONFERENCES

The system of quarterly conferences between the Commission and the medical superintendents of State hospitals has been maintained throughout the year. As will be observed by a perusal of the verbatim reports of the proceedings which appear in the succeeding pages, these meetings have afforded fine opportunities for the discussion of live, practical medical and administrative questions. The extraordinary stimulus given to the study of the problems of heredity and environment with their influence in the causation of insanity, through the sustained efforts of the director of the Pathological Institute and his staff, is everywhere manifest in these discussions, and even the lay reader will be impressed by the fact that the students of mental pathology in this State are certainly not lagging behind in the advance now so observable among psychiatrists in every part of the world.

Conference of State Hospital Superintendents with the State Commission in Lunacy, held at the Park Avenue Hotel, New York city, November 18, 1905, at 10 A. M.

Present — Dr. William Mabon, President State Commission in Lunacy.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

- St. Lawrence State Hospital, R. H. Hutchings, M. D.,
Medical Superintendent.
- Rochester State Hospital, E. H. Howard, M. D., Medi-
cal Superintendent.
- Long Island State Hospital, O. M. Dewing, M. D.,
Medical Superintendent.
- Kings Park State Hospital, George O'Hanlon, M. D.,
First Assistant Physician.
- Manhattan State Hospital, Herman C. Evarts, M. D.,
First Assistant Physician.
- Central Islip State Hospital, G. A. Smith, M. D.,
Medical Superintendent.
- Managers Joseph Cameron and Mrs. Mary C. Acker,
Willard; William H. Rogers, Middletown.
- Dr. Adolph Meyer, Director Pathological Institute.
- Matteawan State Hospital, Robert B. Lamb, M. D.,
Medical Superintendent.
- State Charities Aid Association, Miss Louise Lee
Schnuyler and Miss Mary Vida Clark.
- Miss Lathrop, of Chicago.

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Mr. Chairman: There are a few hospitals not represented by their superintendents, Dr. Dent and Dr. Macy being away on vacation, and Dr. Pilgrim unfortunately has been detained by reason of the funeral of Dr. Langdon, his second assistant physician. I will call on Dr. Hurd, as chairman of the committee on topics, to report any change in the program.

Dr. Hurd: The program for this morning contains a paper by Dr. Ashley on the "Treatment of the chronic and disturbed insane," with a discussion by Dr. Macy, and also a paper by Dr. George A. Smith on the "Colony system as applied to new hospitals for the insane." Dr. Smith has very carefully prepared his paper. The plans which were to illustrate it have been in the hands of Dr. Peterson, but when called for Dr. Peterson was unable to find them, and Dr. Smith, in view of other duties, had not the time to prepare a new set. It has been suggested that his paper might go over until the next meeting in January or February, and in the place of Dr. Smith this morning we will have a preliminary report from Dr. Wagner on the workings of the new tuberculosis pavilion at the Binghamton State Hospital.

Mr. Chairman: There is only one committee to report at this conference, and that is the one on the reorganization of the medical service. Dr. Russell, it was understood, was to read the report in the absence of Dr. Pilgrim, but Dr. Russell sends word that the illness of Mrs. Russell will prevent his attendance. We will, therefore, call on Dr. Ashley for his paper.

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CARE OF THE CHRONIC DISTURBED INSANE

Mr. President and Gentlemen of the Conference:

In response to a circular letter from the office of the Commission requesting suggestions as to topics for discussion at the quarterly conference, I offered the title of this paper with the hope of learning something on the subject. Imagine my surprise and disappointment when I learned that your committee had assigned that topic to me.

In presenting this paper to the conference I do not offer anything new or instructive regarding the care of the chronic disturbed insane. I shall only try to tell you, briefly, about what my experience has been, and speak of some of the means we have used at Middletown to care for our disturbed patients. If this paper proves to be the means of bringing out such discussion as shall teach me ways and means of more successfully caring for the disturbed patients, its object will have been attained, and I shall be under lasting obligations to this conference.

When I speak of the chronic disturbed insane, I refer to the class of patients usually found on the so-called "disturbed wards" of our State hospitals. They comprise the "chronic scolds," those who are restless the greater part of the time, destructive, boisterous, whether jolly or angry; those who spend a great deal of energy in loud lamentations or condemnations.

Permit me to mention, briefly, my understanding of what is meant by care of these patients, and what we hope to accomplish by our efforts.

Assuming that they are all, or practically all, non-recoverable patients, we strive to render them as comfortable as possible, by easing the yoke of disease, if we cannot remove it, and this must be done economically. We endeavor to accomplish this by attention to their physical, mental, and moral needs. Our problems are, then, their housing, hygiene, diet and clothing, occupation, entertainment, and recreation. We try to train and teach them to live peaceably with one another, and to render them such medical care and nursing as they may require. Surely we have an Herculean task!

As to buildings for their housing, it seems unnecessary to attempt an elaborate description. You are all familiar with the requirements. For this class of patients I believe the wards should not be large; single rooms and small hospital wards seem to favor the best results. In the large wards the patients cannot be classified so readily, and where a large number of patients are together on a ward there are usually considerable unavoidable friction and disturbance. I am of the belief that several small cottages, for

the accommodation of from 20 to 30 patients each, would offer opportunities for better classification, closer and more individual attention on the part of physicians and nurses, and surely the chances of unfavorable influences of the patients on one another would be lessened. It is obvious that the acute, presumably recoverable cases, and especially when first admitted to the hospital, should not be permitted to mingle with or be assigned to quarters with the chronic disturbed patients, no matter how excited or noisy they may be. Whether the wards are large or small the more nearly they can be made to resemble a home, and the less like a mere place of detention, the greater are our chances of attaining desirable results.

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So much of the success, or failure, in caring for this class, as well as all other classes of patients, depends upon the physicians who have their immediate oversight, that it is evident they should be selected with care as to temperament, mental, moral, and medical fitness. They should be physicians who are willing to *individualize* the patients — men who will study each patient with a view to finding, if possible, the treatment most likely to prove beneficial to each particular case. They must be resourceful and willing to try many plans of diversion and occupation, and must keep on trying until they succeed in finding something that will be a means of diverting the patient's attention from his vicious and troublesome habits, for a sufficient length of time to enable him to forget the old and to acquire new and useful, or, at least, harmless habits in their stead.

I need not more than hint at the many ways and means always at hand in our State hospitals of occupation and entertainment. With our amusement fund, the entertainment halls, musical instruments, games of various kinds, we should be able to select some form of amusement suitable to every case. Occupation, always useful, if possible; if not, anything which will serve as a means of holding the patient's attention, or which will furnish an opportunity for him to expend his energies in some harmless way, rather than by being noisy, destructive and violent. By the combined efforts of physicians and nurses, we have found it to be possible to teach and induce a very large percentage of the chronic disturbed patients to engage in some form of profitable labor. Each patient so employed relieves the hospital of just so much of a disturbing element, and at the same time an individual is doing something in return for his care and support. The industrial shops, the farm, the garden, the lawns, the laundry, the sewing rooms, and numerous other forms of labor furnish ample means for such occupation as almost any patient is likely to require. Manual labor will not, however, answer for all of these patients; many of them are too

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confused, demented and infirm to work, and some other means of diversion must be found.

Tactful and intelligent nurses and attendants are essential factors in caring for this, as well as all other classes of patients. Indeed, unless we have such helpers in sufficient numbers all our efforts to obtain satisfactory results must fall short of success. I have seen patients who have been considered dangerous, and who have been secluded and restrained for years become tractable, and even useful, when transferred from an indifferent attendant's care to that of a tactful and resourceful nurse. Such a condition could only have been brought about by the continuous and intelligent efforts of willing and enthusiastic nurses. A nurse must be resourceful and watchful; she must ever be on the alert to discover causes of irritation and disturbance among her charges. She must be tactful in finding means of quickly suppressing disturbances. When a patient becomes excited she leads him from the source of irritation, or removes the source of irritation from him, if it is external, or if it be subjective she endeavors to interest her patient until the excitement is allayed.

Bed treatment, with all the care and watchfulness that it implies, is probably more successful in caring for the disturbed insane than any methods familiar to me. Disturbed patients often become quiet after being placed in bed, either in a hospital ward, or in a darkened room away from other patients and from sources of annoyance. Some patients require weeks, and even months, of rest and treatment in bed before they show improvement. When a patient is in bed it affords the physician a better opportunity for closer observation and examination of him. The amount of sleep he obtains is definitely known. The quantity and kind of nourishment taken is known and regulated. The condition of the bowels is easily ascertained. The opportunity for making use of hydrotherapy is better, and this means of treatment is more likely to be made use of than it is when a patient is up and about the ward. The bed patient is not subjected to so much external irritation, nor is he so liable to annoy and irritate other patients or to injure himself or others when in bed and under the care of a watchful nurse. He is nursed and cared for as a sick man, and is often beneficially impressed by that fact. The nurses and attendants are more likely to be kind and attentive to a patient treated in bed than they sometimes are if he is up and running amuck about the ward.

In this country we are coming more and more to recognize hydrotherapy as a most useful measure in caring for both the acute and the chronic insane. When used intelligently and persistently, it sometimes produces most excellent results. The indications for its use in every case should be carefully studied by the

attending physician, and then only that form of bath used which appears clearly indicated, and which promises the most satisfactory results in any given case. The prolonged hot tub bath and the hot and cold wet pack have in my experience proven the most satisfactory in treating the noisy, excited, and wakeful patients. The soothing effect of a hot pack is often prompt and very marked. It increases perspiration and assists the skin in eliminating poisonous excretions from the body. It affects the vasomotor system and relaxes the arterioles, reduces nervous tension and promotes sleep, and in numerous other ways proves to be a very important therapeutic measure. The pack also acts as a temporary restraint without that object being the primary or prominent one, and hence it does not anger the patient, nor does it suggest to him, or to the other patients and nurses, that it is a form of punishment, as other forms of mechanical restraint too frequently do. This measure is not used as a restraint. If it were, it would be liable to degenerate into simply a form of mechanical control without regard to its therapeutic value.

Practically all patients require bathing at least twice each week, and many of them oftener. Their clothing should be neat, of good quality and comfortable. The men ought not to be allowed to go about without suspenders, or with but one, or their trousers held up by a string, or the women with rags or pieces of shoe or corset laces, as they are permitted frequently to do, as hose supporters. They should have comfortably fitting shoes and stockings free from holes. Ample facilities need to be furnished for toilet purposes. These are all small matters, but they are nevertheless important if we are to obtain the best results in caring for these patients. It only takes a little matter sometimes to excite and anger a patient who is already on the verge of an outbreak of excitement, and when these little details are carefully attended to the liability to disturbance on a ward is lessened.

During the past two years we have required the nurses to take all patients, who were able to go, out of doors when the weather would permit, and to keep them out as much as possible. As a result, some of the noisy patients have become quiet, and many of them less restless and troublesome while on the ward, especially at night. They sleep better, their appetites have increased, and their physical health has improved.

Another experiment we have tried at Middletown was leaving practically all room doors unlocked at night. The results have been very satisfactory. The patients are now able to get water and visit the toilet at will, hence there is less noise than formerly, when the patients either called out for an attendant or pounded on the doors till the attendant came, frequently disturbing several

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other patients, who became noisy after being awakened. There are also fewer untidy patients at night than formerly when the room doors were locked. In case of fire the patients' chances of escape are better. If one patient is assaulted by another during the night he is able to escape, or to give an alarm if another patient attempts suicide, or in case of any emergency.

Mechanical restraint is now used so little in the hospitals of this State that one wonders if with a little larger nursing force and with a little more thought and attention given to our patients, we may not some time be able to abolish this means of treatment altogether. When, however, its use does appear to be necessary it should, of course, be applied in as quiet and inoffensive manner as possible, and in no instance should the patient or anyone else be permitted to get the impression that it is a form of punishment. Certainly restraint should be removed as soon as the object for which it was applied has been accomplished, and never reapplied without a written order of the attending physician.

There is now and then a patient that fails to yield to any and all means of treatment one is capable of attempting. Permit me to cite briefly one case we have at Middletown in order to illustrate this point, and at the same time perhaps elicit helpful discussion.

CASE 5701 — H. J. D.; male; age 23, single. Admitted November 3, 1900. Diagnosis, paranoia, old classification; dementia præcox, paranoid form, new classification. Age at onset 22. Third admission to institutions. Says he thinks he has been followed by detectives since 14 years of age. Plans the utter destruction of Catholics, Protestants, Italians and Jews. Afraid of being attacked and carried away by armed men. Says people in the wall expectorate in his face, and for this reason he breaks walls. Says the secret service men follow him by voices and persecutions. Has auditory hallucinations almost without ceasing and delusions without limit. At every possible opportunity he violently assaults other patients, especially the weaker ones, or those who are not likely to retaliate in kind. He strikes with his closed fists feeble old men stinging blows in the face, or jabs them with pins. I think I am safe in stating that an opportunity, be it ever so brief, is never lost to inflict an injury on another patient. If he is secluded he breaks furniture, picks the plaster from the walls, and smashes the window glass. After every other means we could think of had failed, we restrained this man with a body band about one year ago, and except for daily walks, and the regulation removal of the restraint, he has been continually in restraint for a year. What else could we do? Is there a better way of caring for such a case?

The diet for the class of patients under discussion demands care-

ful attention, and should be prescribed for the patients individually, as far as possible, rather than as a class. In fact the quantity and kind of food for any given case should be determined by the attending physician. No general dietary can be prepared and furnished to these patients without its being unsuitable to some. Generally speaking, they require wholesome, plain, nourishing and easily digested food, consisting principally of vegetables, bread, cereals, fruit, milk, and a small amount of meat, especially for the idle. Those who are engaged in manual labor require more meat. For those who are cared for in bed, the diet should be largely liquid, or semi-liquid, nourishing and easily digested.

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The remedies purported to be of benefit in insanity are legion. The really useful ones are few. Not many remedies can be prescribed as sedatives or hypnotics without the likelihood of their doing more harm than good. Of course remedies are often indicated and prescribed with beneficial effects in constitutional conditions and for special complaints. Those medicines possessing any real value are as familiar to the conference as they are to me.

It is obvious that in caring for these patients all source of physical irritation should be carefully looked after. The eyes should be examined and abnormal conditions relieved. The teeth and the alimentary canal should receive attention. Some of these patients are found to be habitually constipated, and the lower bowel and rectum packed with hardening feces, which condition favors auto-infection and much mental disturbance, with consequent restlessness and troublesomeness. The bladder is also often found distended. All the organs should be examined frequently, and made to perform their normal functions as well as possible. We are too likely to examine this class of patients only when our attention is called to them by the nurse, or when our attention is attracted to them by some marked change in appearance or conduct, and for these reasons causes of disturbance, either mental or physical, are not always discovered as soon as they should be.

From an experience of more than 20 years among the insane, I have not been able to find any method of caring for the disturbed class of patients that would stand a test in all cases. Hundreds of experiments have been tried, many of them good, and some bad; methods which would prove successful in one case would often utterly fail in others, and I am coming to believe that while it is possible to follow a few general rules as a guide, that only by the most careful and continuous *individualization* of our patients, together with the co-operation of patient and efficient nurses, can we hope to bring about any real amelioration of these troublesome cases.

In an endeavor to learn what was being done for the class of

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patients under consideration in hospitals outside of this State, I wrote to the superintendents of a few hospitals, and here quote briefly from two of the replies.

Dr. Zeller, of the Asylum for the Incurable Insane at Peoria, Illinois, writes: "It is always a pleasure to discuss matters pertaining to the care of our unfortunate charges of whom we have 1,466 at present. Many are of the class you mention. With them we find hydrotherapy a great aid. Our wheeled bath tub is brought to the bedside and the patient placed upon the slats and is slowly lowered into the water and left there as long as indicated, being raised mechanically at the will of the attendant. We never use hypnotics or narcotics. By "never" I do not mean that they are given to the attendants and their employment winked at. Narcotics are not available to the attendants and are not employed at any time for the control of the inmates. This is equally true of mechanical restraint. Every form of mechanical restraint has been abandoned and here again I do not mean that its employment is tolerated or winked at. It is simply not available and we would dismiss an attendant instantly for using even a shoestring in restraining an inmate. All mechanical restraint apparatus of every description has been called in and hangs on the walls of my office as a museum of discarded and obsolete instruments of torture. Within the year we have removed every bar and all the grating from every window and door of every building of the institution and our inmates are as free as the guests of a hotel save the vigilant eyes of our attendants. We find sufficient occupation for our inmates. Many are old and infirm and there are wards scarcely able to muster sufficient ward help. Our inmates are of the most violent, destructive and dangerous in the country. They are the pick of 9,000 insane of the State sent here largely because the other institutions had a chance for a clean-up. Escapes are extremely infrequent and will compare favorably with the closest institution. We have no screen room or cell room and every cottage and ward has its door unlocked. * * * We expect to greatly extend our hydiatic facilities and reap corresponding benefits. We have 500 male insane in the hands of female attendants and the plan is giving the utmost satisfaction."

Dr. Beutler, of the Asylum for the Chronic Insane at Wauwatosha, Wisconsin, writes: "I have never found it necessary to use restraint other than a canvas mitten filled out with cotton, strapped on the wrist in such a manner as to allow freedom of the entire arm, but which will prevent injury to themselves or the destruction of furniture, clothing, etc. I also advise the use of a warm wet pack for a few hours in extremely violent cases, and

the moderate use of drugs, such as bromides, chloral, fld. ext. hyoseyamus and fld. ext. conium leaves. The only occupation that I have found practicable for the disturbed class is work on the farm or garden and polishing the floors of the wards.

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"The other class of chronic patients are employed in all the various trades, bricklaying, building, stone cutting, carpentry, painting, tailoring, shoe repairing, baking, culinary work and laundry."

These two letters are sufficient to indicate the wide range of methods followed in the care of the disturbed insane.

Mr. Chairman: This paper of Dr. Ashley's is a most comprehensive one, and we would like to have the experience of the superintendents of the different hospitals with regard to the methods employed by them. I have always been very much impressed with the condition of the disturbed wards at the Manhattan State Hospital, West, as it was formerly called. I do not believe there is another institution in this State where the chronic patients are so quiet or so free from excitement as there, and perhaps Dr. Evarts will tell us what is done to bring about this condition.

Dr. Evarts: I had not given any thought to this matter, and trust you will excuse me if I speak in a sort of fragmentary manner with regard to the care of the chronic insane at Manhattan. Our system is somewhat similar to that detailed by Dr. Ashley. A great deal of attention is given to the occupation of those patients who are able to be employed. We have workshops and sewing rooms for them, and during the summer an industrial school was established where dull and indifferent patients, cases of dementia præcox, etc., were sent. They first began their work by teasing hair, and as they developed a little activity and a little interest in this, they were changed to work somewhat more complicated, as sewing, hemming towels, braiding the material for making the coir mats, rugs, etc.

One patient in particular, a case of hebephrenic præcox, who was regarded for a time as hopelessly deteriorated, had to be fed, and sat in an indifferent manner, drooling from her mouth, had to be taken to the toilet, had to be dressed, and after a few weeks of this treatment and outdoor exercise, she went home apparently in her normal condition. She has since been seen by one of the assistant physicians who had charge of her, and he states that she appears as well as ever. Of course it may be a remission and she may come back to us. Another case, 15 or 16 years old, has not progressed as favorably, although her treatment has been much similar to the other.

During the summer the disturbed cases who are able to be out of doors, in the gardens or on the lawns, work under the charge of nurses or attendants. They get all the fresh air possible, and

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employment, and with the employment they get frequent opportunities for amusement. We have an excellent amusement hall and a good orchestra and band. They have frequent dances and concerts are given often. Then, aside from that, we have excursions for the more quiet, industrial class, who are more trustworthy, on the steamer "Wanderer" three times a week during the summer season; they are taken down the bay or on the sound. They appreciate this very highly. In addition, we have salt water bathing almost every day during the summer season.

The use of hypnotics has almost entirely ceased. Occasionally a mild hypnotic may be given by the night officer, but he has to keep a record of that, and mention the case in his report; also what he uses. These excited cases are treated mainly by the prolonged bath and the various forms of packs. Both acute cases and chronic cases who become acutely disturbed, are treated in the prolonged bath and in the pack, and, as I mentioned before, this has enabled us to do away almost entirely with sedatives. The diet is liberal, especially in acute cases, or those who are excited and disturbed.

We have two frame pavilions, and in summer, two tents in addition, each accommodating 25 to 30 patients. These pavilions are well lighted and heated in the winter, and are so arranged that the side of the building may be removed in summer. The windows are without locks and can be lowered, so that there is plenty of light and air at all times. The pavilions are occupied by the so-called recent admissions. The patients who are out of bed are permitted to come and go quite freely. As they improve they are transferred from one pavilion to another and so on to the convalescent ward.

I have nothing further just at present as I have given the subject no preparation, but I would be glad to answer any questions that might be asked bearing upon our methods there.

Mr. Chairman: We are informed that Dr. Macy although absent has prepared the discussion of this paper, and that Dr. O'Hanlon has it, and we will now call on him to read it.

Dr. O'Hanlon (for Dr. Macy): In opening the discussion on Dr. Ashley's excellent paper on the "Care of the Chronic Disturbed Insane," I feel that we are really discussing a subject which in a general way relates to the whole class of chronic patients. I say this for the reason that in my experience, under proper methods of treatment, no class of chronic cases remain indefinitely in a disturbed condition. It is possible that in the old days when there was so much to excite resistance and opposition, there was good reason for so many of them remaining disturbed for such long periods, and I am inclined to this view

rather than to feel that the difference in conditions of this sort has been brought about by the change in the forms of insanity alone, though, possibly, our cases are somewhat different now than what they used to be. I have noticed that during the last few years, those of us who are now the older ones in the work have commented upon the change in the types that we meet with ordinarily in our work. Probably there is some truth in assuming that these types have changed somewhat and that we could profitably discuss the conditions in the said types among the various forms of insanity, but I am more inclined to think that many of these changes are due almost entirely to the difference in the manner of treatment of the insane, the character of their surroundings and, because of these changes, the increase in self-respect upon the part of the patient. It is very true that, as a general rule, opposition meets with resistance and in no class of people is this more true than among the insane. When we look back upon the bare walls, generally covered only with whitewash, the hard benches, comfortless chairs, tin dishes to eat from and the mechanical restraint, in the form of camisoles, wristlets, belts, cribs, etc., there is little wonder that any patient with the least self-respect left should feel humiliated and degraded by being treated so uniformly as if they had a right to only actual existence and were to be considered lower than the animals. Under this treatment I remember cases here and there that remained in a chronic disturbed condition, I might almost say for years. And so true is it that the past and present bear very little resemblance in this respect that I recollect among my own experiences of the expression of wonder, on the part of one of the oldest superintendents now in our work in this country, at the great change brought about in such a comparatively short time. We were walking around the outside of one of the large buildings in the State hospital service of this State and the gentleman referred to turned to me suddenly and drew my attention to the absolute quiet that prevailed in the vicinity of the wards devoted to the so-called disturbed chronic patients and asked me this question: "What has become of our madhouses?" No truer characterization could have been selected for the state of affairs which a few of us still recollect. I remember personally when the condition of the chronic disturbed insane in many of our hospitals was a matter of vulgar curiosity on the part of many of the general public and the hospitals themselves were usually spoken of as madhouses. Then, too, among our visitors it was almost a constant experience to have certain ones ask when they came to the hospital to be allowed to see the wilder maniac from safe point of observation. To-day this is all gone and it is only occasionally that we have chronic

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patients in a disturbed condition and in few cases in this condition at all constant. Treatment and change in environment, in my opinion, are almost solely responsible for this change. Referring then, to the expressions in Dr. Ashley's paper, I would state that in my opinion the character and condition of the housing, diet, clothing, hygienic conditions and everything that pertains to the general comfort of the patient are matters of greatest importance. When we come to the actual construction of buildings as best fitted for the care of this class of the insane, I presume all of us will differ on minor points. My own opinion has gotten to be that a hospital consisting of a number of buildings, so constructed that a superintendent can have at command buildings with large dormitories and other buildings that are really devoted almost exclusively to single rooms with a few comparatively small dormitories, and other buildings that are constructed on a general dormitory plan but with a liberal number of single rooms attached to each and every service, allows the best opportunity for classification. There are a few of the older hospitals in this State which admirably meet these conditions, except that sufficient provision is not made for general and special hospital accommodations, on the one hand, and for buildings which could be solely devoted to the care of the acute insane, on the other. It is not to be expected that the ideals of the past can be changed to meet the conditions as we now view them, in matters of the care and treatment of the insane, but it is to be expected that in cases of this kind a sufficient array of conveniences and equipment can be obtained little by little, that we may continue the perfection of treatment. The older hospitals of the State caring for the insane of to-day upon a capacity which they were never meant to include, necessarily work under great disadvantages. Then, too, in the matter of hospital wards, operating rooms, rooms devoted to hydrotherapy and rest care, or for the isolation in small numbers of curable cases, cottages for convalescents and opportunities for the separation of convalescent and curable cases from the general body of the hospital are matters that will only be slowly attained, but a reviewing of the past and a recognition of the wonderful change that has already taken place, together with the knowledge of recoveries in cases of insanity lasting over a period of years, is absolutely convincing to my mind that as we go on we are likely to discover other methods of handling this disease and that with these changes we will find a much larger percentage of recoveries.

Returning once more to the chronic disturbed class, and I do not apologize for my departure in speaking of general conditions that pertain to all chronic cases, as I have done, for I believe that an appreciation of the truth of what I have drawn attention to is

held by us all and that we all feel that our previous experiences have shown that as the general condition of the chronic patient improves, the number of the chronic disturbed patients lessens. Providing we can have such ideal conditions as I have referred to, and many of the hospitals of this State are slowly approaching to it, resourcefulness, tact, persistence and energy on the part of both the physician and the nurse have most to do as the second step in the handling of these cases. It is naturally impossible to lay down in advance any special course of treatment for the so-called chronic disturbed, and each case has to be met and treated practically by itself. It goes without saying that all vicious habits must be checked and the patient's condition stimulated from any one of at least a dozen different sides. Here, then, it is a question of resourcefulness rather than therapeutics and system. In the handling of a case, medicines, hydrotherapy, electricity, amusements and occupation all hold their place, and when I look back upon the varied number of cases of the chronic insane that we have from year to year treated, and in whose cases we have obtained good results, we must admit that no two of them are entirely alike. It seems to me for the well-trained physician of our service, and for the nurse, taking for granted that they are well posted in the ordinary methods for the treatment of the insane, it is a question of intelligence, tact, watchfulness, energy and persistence and I greatly doubt whether the average ward physician of the present day must not in future years look back upon his work of the present with much regret, to feel that as an individual he did not more fully realize his opportunities and was not more energetic in the prosecution of his general duty in connection with these cases.

It seems to me that the general medical service while it needs systematizing, as in fact we have tried to outline the methods of medical study during the past few years, it also needs a persistent stimulation of the individual care of our cases and I hold that rather than to follow a method of custodial care, that we need to have our physicians exert themselves to the very utmost to increase the amount of individual attention given to each and every patient, and I take for granted at the same time that the systematic, careful and well thought method of study must be followed and that in the further care of cases a note book should be used continuously and persistently, in order that no change or improvement obtained by any of the methods of treatment that we bring to bear should be lost sight of. I look upon any one method or system as in itself of minor importance, except in special cases, and frankly confess that in meeting an average case, aside from what I know about the likelihood for the case to react in general ways, I would not decide what method I would follow in treating

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that particular case, except upon the closest study of that case's individual peculiarities. That auto-intoxication plays an important part in many insane patients and that much can be gained by elimination through the secretions is something that we all accept. That great prominence should be given to the changes that we can produce through the vasomotor system is also accepted and that by external stimulation, whether by electricity, hydrotherapy, Russian and Turkish baths, massage, or so many agents that we have at our command, it is possible to cause an awakening of the individual disordered brain need not be particularly discussed, and in those cases where we do thus produce an awakening, whether it be by one means or another, we see very quickly a departure from the mental sluggishness, poor circulation, general untidiness and all the other conditions which characterize the chronic disturbed insane class. After that, providing of course, if the other matters have been provided for and taken care of, referred to by Dr. Ashley, that is, overcrowding reduced materially, conditions of the surroundings improved, etc., it remains to be seen how much is obtained in the other ways referred to. That outdoor exercise is helpful and an interesting manner of occupation is of the greatest value we all recognize at once. In fact, so much value has this matter of occupation, when properly applied, partly for itself and partly because that through this matter of occupation we obtain outdoor exercise, increase in the amount of oxygen obtained, etc., etc., we feel that if any one agent is much more valuable than another we would give in many cases a preference to this matter of occupation. We have passed by the time when we stop to advocate any one system or method alone and we have gotten to recognize that to-day the most intelligent physician is he who uses best all means at his control, and the most intelligent, the most resourceful and the most persistent is the one who obtains the best results.

You will notice that I have not laid particular stress in these remarks on the associated terms chronic disturbed, for the reason, as stated before, that at times all chronic patients are more or less disturbed and that while these patients alternate between disturbance and quiet in the general run of their cases, a certain number are constantly dropping out, by death and by discharge to their friends from under observation, at the same time from year to year we notice here and there numbers of these cases that have passed through this condition that are returned to the ranks of the sane long after recovery would previously have been hoped for and I, therefore, feel that with the constant improvement in our work the chronic disturbed class are from year to year better taken care of and the time is rapidly approaching when we will cease to recognize any such definition and the name chronic disturbed insane may disappear from among us.

Mr. Chairman: The subject is open for general discussion, and I hope that all are ready to take part.

Dr. Wagner: I have not very much to add to the two admirable papers and Dr. Evarts' remarks, but I would like to say that I think perhaps the keynote of the papers may be considered the separation of the patients into small wards. We have had in the past our patients grouped on large wards, where 100 or more patients were gathered, or even 60 or 70, and have found it almost impossible to control the turbulence and excitement that prevailed sometime during the entire day; but some years ago when we erected a building consisting of four wards, accommodating about 28 patients on each ward, the separation of these disturbed patients into smaller groups almost immediately resulted in our having much quieter wards. When there are fewer patients together they do not seem to irritate one another nearly so much as when large numbers are on the wards. The next idea that occurred to me as I listened to the papers was that if our attendants were taught to put into practice the plan of immediately separating patients who begin to dispute, that many a disturbance would be nipped in the bud. The next idea was that the outdoor life is in the highest degree appropriate and beneficial to this class of patients, and the more fully we can prevail upon them to indulge in occupation out of doors the better results we are going to have. We have numberless instances where patients who were very turbulent, abusive perhaps, and inclined to assault one another, have been taken out with a working party, and for days would refuse to participate in the work, but when they found they had to go with the working party, in the course of a week or sometimes two weeks, they would become interested and then join in the work, and from disturbing elements in the hospital would become very useful members of the working parties and of value to the hospital from an economical point of view. Of course there are a great many other things that one might enlarge upon, but I think the papers have covered the subject quite fully. I thank you for your attention.

Mr. Chairman: The invitation to participate in the discussion is extended not only to the superintendents but also to the managers, the secretary of the State Charities Aid Association, or Miss Lathrop who is very familiar with the condition of the insane in Illinois. I believe that Dr. Wagner has said the right thing, that the keynote is in the small wards. I have been more and more impressed as I go through the different institutions of this State to see the disturbed state of many of the larger wards, wards with 80 to 100 patients, and if there is some way whereby the numbers on the ward can be reduced or the wards divided or separated by,

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partitions so that fewer patients can get together, much can be accomplished. The amount of good that personal attention does to an individual patient can not be overestimated. I think you have all seen patients who through some physical infirmity have been sent to a hospital ward or been placed apart from the others and put directly in care of nurses, that almost at once a change in the restless and disturbed state has taken place and they have become quiet and able to control themselves. This is almost an everyday occurrence, and that illustrates and emphasizes the point made by Dr. Ashley that a combination of tact with personal attention will do a great deal to overcome the disturbed condition.

At Ward's Island they have about every form of occupation which it is possible to furnish for the patients. It has always been very interesting to go where their disturbed women are and see them in a square or semicircle working, sewing rags, or picking hair, instead of picking clothing or striking those about them, and it seems to me that what has been accomplished there has been through direct personal attention. It was an object lesson to me, and I think it would be an object lesson to everyone to go through the wards of the Manhattan State Hospital for women. Dr. Meyer informs me that in his experience he has never seen hospital wards quieter than those under the care of Dr. Dent. I believe I am correct in that statement, Dr. Meyer?

Dr. Meyer: I remember very distinctly my first visit to Ward's Island before I became officially connected with the State institutions and the lingering thought that remained in my mind as to whether I had not failed to go through some hidden portion of the institution which would show me that which I had been accustomed to see almost everywhere else. I have been through the wards for quite a while now and have never seen that hidden corner, and I know that it does not exist. The point that I always considered one of the important ones in reaching that splendid state of affairs has been touched upon by Dr. Mabon, namely, that of making small groups of patients, something which I have not seen carried out systematically anywhere as well as in Dr. Dent's service; the patients in the ward or in the open air are seated in circles, or small squares where they meet in a small circle of interest, as it were, and where they help keep one another quiet, in an atmosphere which no doubt is the solution of the whole thing. It is the atmosphere of occupation. The nurse knows that she has to take care of that group, and that she is expected to bring about results to which I had not been accustomed before. We know the condition of quiet that exists in many institutions as soon as a physician comes on the ward; the patients have to sit down; any excited patient is simply ordered to sit down and is not allowed to

walk about. The principle is perhaps efficient, but if it is just a sitting down principle, it is not good. If it is sitting down with others for some occupation it is very excellent, and it seems to me that it has been solved by Dr. Dent in a way that I have never observed before.

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Another point I should like to draw your attention to: a paper has recently appeared that I intended to give a full review of, a paper by Riklin, who was transferred from the University Clinic of Zurich to an institution for chronic patients, and had an opportunity to see among the chronic patients about 90 who had been under his personal observation during the acute stages. It is an extremely interesting paper, showing the great value of knowing the actual development of each case and the trend of ideas of those patients. Riklin refers especially to some cases with conditions that he likens to dreams and especially to dreams of fulfillment. You all are familiar with certain cases of dementia præcox who get into an attitude which actually resembles a dream and brings them the fulfillment of something that they may have dreamed about or longed for. Many of the sexual delusions of marriage, etc., are of that kind. Others have ambitious dreams, dreams of managing things, the idea that they are born to something greater, etc. It is very interesting to see how Riklin was able to utilize a good many of those points in the choice of certain occupations, which the patients carried on splendidly and which materially reduced the ranks of the totally apathetic. Certainly for prophylaxis and scientific knowledge our present careful study of the cases when they start into their new morbid state of health is important. But for the prevention of their settling into habits of utter lack of interest it is of equally great and very direct importance; in this as in psychiatry generally, I must say that we should not expect any great improvement to come without more careful study of the recent cases generally and a careful study of the developments after the case is "diagnosed."

It seems to me that another point might be mentioned; perhaps it may have been referred to while my attention may have wandered for a moment; that is the question of systematic and planful transfer of unmanageable cases, transfer from one part of the institution to another, or even transfer from one institution to another for affording the patient an opportunity to get into a different attitude of life. I think everyone of you has had the experience of getting a patient from another institution who had had the reputation of being hopelessly unmanageable, and you may have had reasons to smile over the ease with which good results were obtained with the case. It would seem wise not only to transfer patients from one part of an institution to another, but also to ask

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for transfer to another hospital, not so much to get rid of the patient but for the specific purpose of attaining more favorable conditions for that individual. And another point, since there is a great deal of interest now in the salary problem of attendants, it would seem to me a matter of wisdom to hold out some chance of promotion to those attendants who develop the skill or develop the ambition, or develop the faculty of overcoming the difficult task of managing very disturbed patients. I think if among the attendants of an institution there is an incentive, either of honor or distinction, a simply moral recognition, or, if possible, recognition in the line of promotion, or merely in pay where a woman would not be especially fit for actual promotion to charge nurse and the like, there would be an incentive to bring out talents, and a competitive spirit might be aroused which would directly lead certain attendants to volunteer to undertake the task of controlling a patient that is difficult to manage. If the matter could be recognized in the salary question to some extent I think it would be a very good thing.

Dr. Elliott: I had not intended to rise so early in this discussion, but after listening to the remarks of Dr. Meyer, and especially that part touching upon the subject of transfers, I could hardly sit still until he got through. I think most of the ladies and gentlemen present know that a large proportion of the patients at Willard are transfers from other hospitals — chronic cases. For a considerable time after I went to Willard my attention was attracted when visiting the disturbed wards to many patients in consequence of their turbulence and excitement, and when I asked where this or that patient was from, in most instances the reply was, Ward's Island. Now it seems to me that the matter of these transfers should be taken into consideration in discussing the conditions at Ward's Island. I agree with Dr. Meyer that it is frequently a good thing to transfer such cases from one ward to another, or from one institution to another, but they should not all be sent to Willard. With regard to Dr. Ashley's paper, it is interesting to find that the methods at Middletown do not differ very much from those which I have experienced myself in the institutions that I am familiar with. I am fully in accord with the plan of having small wards for disturbed cases, and should lay some stress on the importance of single rooms, but I also believe that some disturbed cases will do better in a dormitory than in single rooms, and I have seen very good results in some of these cases from putting them in dormitories at night. In regard to bed treatment, it is our practice to resort to the use of wet packs, with very good results. I do not think we can outline any particular kind of treatment for any given case; it is a matter of resorting to

different methods, and finding out which is the best for that case. The question of mechanical restraint in certain cases is one which interests me especially. I maintain that there are mild forms of mechanical restraint, such as the camisole or canvas mitten, which simply prevents the patient from using the hands and fingers, the application of which is quite proper and necessary in certain cases. I remember about 18 months ago visiting an asylum in the north of England, and in the absence of the superintendent the senior assistant physician took me about the place; upon entering one of the wards the first thing I noticed was a lady who was past middle life, a case of involution melancholia, whose head was just as bald as though it had been shaven that morning, and while we were looking at her the nurse informed us that she had pulled out the last lock that morning. That woman had pulled out all her hair, and the doctor turned to me and asked what we would do with such a case; I told him that we would not allow her to pull her hair out, and that we would resort, if necessary, to the use of the camisole; such a patient would probably get over the morbid propensity. The doctor at once said that the superintendent would not permit any form of restraint in the institution under any circumstances. I think that non-restraint can be carried too far; that there are exceptional patients for whose benefit it is to prescribe such treatment.

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Mr. Chairman: The changes in the last 10 or 15 years have all been for the better, and many patients who were formerly disturbed and restless are now working at some occupation, either on farm or grounds, or in the shops and doing something.

Dr. Dewing: I would like to ask if there is any restraint at Manhattan, West.

Mr. Chairman: I think the report says practically none.

Dr. Evarts: There is no form of mechanical restraint except what is necessarily used in giving a pack.

Dr. Smith: I think that I take the banner of receiving from Ward's Island, but think that Dr. Meyer has spoken the truth. They have all improved since they have been down at Central Islip, except possibly the 112 that were transferred to Dr. Elliott.

Miss Clark: The subjects that have been discussed bring up so many interesting points that I cannot resist saying a few words on one or two of them. In the first place regarding the matter of transfers, I wish to say that I am extremely interested in the subject, and was very much pleased with what Dr. Meyer said. Of course the word "transfer" is hardly to be mentioned to a medical superintendent without inspiring stories of the tricks that superintendents have played on one another. I realize that it is a standing joke among superintendents, and I appreciate the humor of the

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situation, but I appreciate also the possibility of seeing the subject from another point of view. Many superintendents have told me of great improvement that has resulted in certain cases, as Dr. Meyer said, in transferring patients from one part of their hospitals to other parts, or to and from other hospitals, and if the practice could be initiated of making transfers from the point of view solely of the welfare of the individual patient, I think some very good results might be accomplished. It seems to me that if transfers are really to be made with a view to the best good of the individual patient, it would be better if there were much more control on the part of the State Commission in Lunacy. I think that the medical commissioner and the medical inspector who are very familiar with the conditions at the hospitals from which the patients are taken and to which they are to go, should be the ones to have practically the say as to the selection of patients for transfer. It would not tend to increase the popularity of the Commission, but it would be very much better for the patients in the long run.

In the case of a transfer of patients from a city institution to a country institution where there is greater opportunity for putting patients to work, and where they will have plenty of outdoor life, advantage should be taken of the opportunity to send patients requiring a kind of environment that the city institution cannot furnish. What often happens, however, is that old decrepit, bed cases are sent that might just as well stay in the city, and the opportunity of benefiting individual patients is wasted and thrown away. I think we should like very much to see in this matter the exercise of a little more authority on the part of the Commission. Perhaps I do not know how much the Commission interferes, but it seems to me that with their understanding of the conditions all over the State they could do this thing better than the individual superintendents. There is another matter, a question that was suggested by Dr. Ashley's paper, that I was interested in, and I should like to ask about it. In this State we have always stood for hospitals for both chronic and acute cases, and we have always believed that the only way was to have the classification between the acute and the chronic made in the hospital rather than to have hospitals classified on the basis of separate institutions for chronic and acute; but the statement that Dr. Ashley read from the superintendent in Peoria, Ill., seemed to imply that the conditions were very different there, that there the system was adopted of caring for chronic patients in a separate institution and that the results were extremely favorable. I should be very much interested to know from Miss Lathrop, who, as an ex-member of the State board of charities, is familiar with the institutions in Illinois, whether that picture is too highly colored or whether that system of putting

chronic patients in institutions separate and apart from institutions for the acute has really worked well.

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Miss Lathrop: I wish to thank the Commission for allowing me to be present at this meeting which is full of most interesting suggestions to me. I am sorry to say that I have been unable thus far to see Dr. Zeller's institution. I understand that there are no bars and no locked wards, as Dr. Zeller's letter states.

Mr. Chairman: The matter of transfers brought up by Dr. Meyer and referred to by Miss Clark is an important one. Of course transfers must be made for two different reasons: First, for convenience and relief from overcrowding in institutions, and second, for the benefit of the patients. We do transfer patients from one institution to another from time to time because they are considered unmanageable, and when that is done the arrangement is generally made between the two institutions; that is, for instance, Dr. Wagner sends one of his troublesome cases to another hospital, and generally receives another patient in return. We have all seen many of those cases who have been benefited by transfer, and many who have not been. A patient who has been continuously in an institution for several months, or possibly years, has been transferred to another institution and immediately began to improve mentally and eventually recovered, but such cases are few. The suggestion made by Miss Clark that the medical inspector or the Commission should take up matters of that kind from their being familiar with the conditions of the different hospitals is worthy of consideration. This discussion seems drifting to the general care of the insane, and I would suggest to the chairman of the committee on topics the matter of convalescent homes for the insane, and the matter of their after-care. It opens up a field for discussion which should be profitable. We all know of cases being sent to their homes when their home surroundings are not suitable for them at the time of their discharge. There ought to be an intermediate place for certain cases and someone to look after them, but whether under public or private enterprise is a question. I must confess that it is a subject that I have not given very much attention until recently. I have heard a great deal about it during the past few months. They are undertaking it in England, but nothing has been done in this country. Dr. Blumer, a few years ago, brought it up at a meeting of the association, and there was a committee appointed, but if I remember correctly nothing came of it; I do not think a report was even made. Do you remember Dr. Hurd?

Dr. Hurd: I think the report was not made.

Mrs. Acker: I know that Miss Schuyler who has spent the summer in Europe has devoted some time to looking up con-

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valescent homes and the after-care of the insane as carried on there, and I think she had hoped to have an opportunity to say something on this topic if she had been here this morning; it is barely possible she will be glad to speak on it this afternoon.

Mr. Chairman: We should be very glad to hear from her on this subject this afternoon.

Mrs. Acker: It is difficult for you who are experts to realize the condition of the lay mind and as the only representative of the lay mind present, I am going to take the liberty of saying that I was much impressed with the statement in Dr. Ashley's paper, or possibly Dr. Macy's, that the remark is often heard "what has become of our madhouses," and I know that to the general public, if any questions occurred at all, that would be one which would occur. It is generally believed I am sure by the majority of people, that there are in every insane hospital, wards that are "hidden places," as Dr. Meyer expressed it, where pandemonium still reigns, and I was very sorry to hear that point implied in one of the papers we had at a recent conference, when there was no opportunity for a denial.

Mr. Chairman: There will be an opportunity.

Mrs. Acker: And the thought which occurs to me at this time is this, that the members of the boards of managers of the different hospitals either know or have the means of knowing what the conditions are, and what is being done in these institutions, and that something might be done by them to lead to the correction of this very mistaken notion. For one I shall avail myself of the privilege of accurately learning the situation, and I shall take pains to spread it as far as I can, and I think the other managers will.

Dr. Evarts: I do not wish to take up valuable time, but if I may be allowed to indulge in reminiscences for a few moments, I would like to do so. I began my service among the insane in the old Retreat on Blackwell's Island, many years ago, and the service of this building was assigned to me. I concluded I would spend a week or two there; that I would not like the work; but at the end of two weeks I became so interested that I have felt an interest in the care of the insane ever since, and I wish to say a few words in regard to the treatment of the chronic disturbed insane at that time. That was the class of patients in the Retreat.

It was customary for the doctor to order in the morning a sedative to be given at night. It usually consisted of chloral, or chloral and bromide of potassium, or hyoseyamine, although the latter had not come into use very much at that time. These were given in a routine manner to noisy cases during the night and probably in a building containing 250 patients there would be 20 to 25 doses ordered.

Coming along a little later, and visiting another institution at one time, I accompanied the physician who made the night rounds, especially through the hospital service. That physician carried a hypodermic syringe with him, and injected hyoseyamine, or a combination with morphine in certain cases, and he did it night after night as a routine method simply to *prevent* patients becoming noisy.

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At the present day no hypodermic is used except in some very special cases. I am speaking now of conditions at the Manhattan State Hospital department for women. I might add, however, that there have been some changes in the men's division to bring it nearer to the methods employed in the women's department. No form of mechanical restraint has been used by Dr. Dent for many years, I think since he went to Ward's Island. Two or three years ago he sent to one of the other superintendents and obtained a pattern of a restraining sheet; the pattern arrived and two restraint sheets were made, but Dr. Dent has never used them. They are still in the storeroom.

Dr. Ashley, I think, spoke of possible changes in the types of insanity. Of course that is a matter still under consideration, and I am not prepared to say whether there have been any marked changes or not. It would seem on the face of it that there had been changes in certain cases. During those former years, in going through the hospital at night, it was not unusual to find several patients on each ward disturbed and noisy. At the present time if you visit the Manhattan State Hospital,—and I presume this is true in regard to the other hospitals of the State,—it will be found uniformly quiet. Perhaps now and then a noisy one will be heard; a patient may be talking to herself. There may be possibly some changes in certain forms of general paresis, but it may be only apparent because this disease is more easily distinguished; we understand it better now, also its etiology. There have certainly been great changes in the results and in the care of these people, as compared with the methods of years ago.

Dr. Ashley spoke of a patient who had been very troublesome. I presume all methods of employment have suggested themselves to the doctor, but I would like to ask him the results in regard to attempts at employment in that particular case, whether any beneficial result followed such a course with that patient or not?

Dr. Ashley: I think with the exception of the question Dr. Evarts asks, there is nothing in closing the discussion of this paper that I want to say except to thank the conference for the very free discussion — very helpful discussion — of this question. I tried to put the fact as plainly as possible that about every method that we could think of in this particular case had been tried with abso-

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lute failure,—transfers, work, exercise, and the only results were black eyes, pin jabs, and assaults upon feeble patients, or upon able-bodied patients if he could attack them unawares. The patient is still in restraint, and has been, as I said, practically a whole year, with the exception of being taken out every two hours, and when taken out for daily exercise. I believe there are some superintendents who have no patients in restraint, and if this is true and there is any better method of taking care of this case I should be pleased to know it.

Mr. Chairman: The patient's mother is very anxious to have him taken to some other hospital. Perhaps Dr. Evarts would like to take care of him.

Dr. Howard: Would it not be proper to recall the experience of our former president, Dr. MacDonald, in the care of a very troublesome case, or is it too familiar a story? It might help. There are certain people that are able to drive a balky horse without particular trouble; no one knows just why. They are not cruel, they are not apparently skilful or trained; certainly not trained, but they succeed, one with one balky horse and another with another balky horse, etc. In a case like this if it is made a standing rule that every person that applies for a position as an attendant is given a trial and a chance to care for this particular patient, the time will come possibly and probably when some individual will be found who will care for that patient without much difficulty. Dr. MacDonald put that plan to the test in a wonderfully difficult case, and after he had feared that there was no possibility of success a little dark complexioned, semi-well, very poorly educated woman, who no one thought would be of any use, went up to the ward and in the course of a week the doctor found that the patient was out of restraint, and there was no further trouble. I think that these extremely exceptional cases can sometimes be met in an unexpected way as that was. There are of course maniacal cases, or cases of paranoia with delusions and hallucinations of hearing, in which there must be some such control secured as guidance of the patient by an individual, and it may be possible to succeed with this particular case, although I sincerely hope that I will not be called upon to make the attempt.

Mr. Chairman: I will say for Dr. Ashley that this patient has caused very much trouble. His mother, however, seems to be very much better satisfied with conditions now, and the institution has had less trouble. You have to consider not only the individual, but the greatest number, and it would not do to have this man around inflicting dangerous injuries upon other patients, which he would certainly do if he had the opportunity. You have to study your case individually, and I do not believe that any case was

ever studied more carefully, more conscientiously, or more thoroughly than Dr. Ashley has studied this particular one.

The next order of business will be suggestions for the conference, and if any one has any to offer we will be glad to have them at this time.

If there are no suggestions, is there any business to bring before the conference?

If there is no business to bring before the conference we will adjourn until 2 o'clock, when we will have Dr. Wagner's preliminary presentation of the subject of the tuberculosis hospital, and also the report of the committee on reorganization of the medical service. I do not know whether all the superintendents have been presented with a copy of Dr. Pilgrim's paper on this subject, and that leads me to repeat what I have said before, namely, that wherever possible copies of all papers should be sent to the superintendents in advance so that they may come prepared for the discussion. I have not been able to take up this matter of late owing to official and personal matters which have pressed me very much, but I believe that it is an important report and that copies should have been in the hands of every member of the conference some two weeks in advance of the meeting.

Recess until 2 P. M.

AFTERNOON SESSION

Mr. Chairman: This morning the suggestion was made that the chairman of the committee on topics might very well consider the advisability of having a paper at some of our meetings on convalescent homes for the insane and also the after-care of the insane. There is no one in this State who has done more for the care of the insane than Miss Schuyler, and it was through her personal efforts very largely that the State-care system was made possible; she is very much interested in the after-care of the insane, and when abroad recently she looked into the subject. It gives me the greatest pleasure to present Miss Schuyler to the conference.

Miss Schuyler: For many years I have been interested in the subject of after-care for the insane. While in England last summer I spent several hours at the London office of the Society for After-Care of Poor Persons Discharged Recovered from Insane Asylums—a society composed of men and women, established about 25 years ago, and which does most excellent work. Its methods, in brief, are as follows: The secretary of the society visits the asylums, and works in close co-operation with the medical superintendents; and is notified by them when there are patients to be discharged cured who are poor, and who have no homes or

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friends to go to. For such cases, boarding places (in the country for the women, in the city for the men) have previously been arranged for by the secretary. These are not large institutions or buildings owned by the society — it does not wish for them — but small “cottage homes,” or, as we should call them, small boarding houses, where a man and his wife are willing to board these after-care cases. There are now about 12 of these cottage homes in different parts of England. The women are sent to them; the men usually to lodgings in cities, to places corresponding to our Mills hotels, whence they usually find employment for themselves, but are often helped to do so by the society. The board of both men and women is paid for by the After-Care Society, for from one to six weeks usually, until their health is fully re-established, and they are able to work. The women require much more looking after than the men. They are visited more often by the secretary, also by local volunteer visitors of the society living near the cottage homes, who are kind to the poor women, become interested in them, and find employment for them in domestic service and otherwise. This is usually found through advertising in the papers, and in all cases it is stated to the employer that the person has been mentally ill but is now recovered. After employment has been found the society keeps in communication with them, often for years, and until they are absorbed into the community as self-supporting, self-respecting men and women. It is most satisfactory work. Indeed, it is claimed by the medical superintendents, as by the society, that relapses are often averted owing to the freedom from anxiety afforded the convalescent of knowing that upon leaving the asylum he will be befriended, cared for, and started anew after an interval of rest. During the past year the society has furnished after-care to over 260 patients discharged recovered from the asylums. I was much struck by the humane and efficient quality of the work done. It could be much enlarged, I was told, did the voluntary contributions permit.

Conditions in England differ from those we have here, but the need of a helping hand to be extended to poor and friendless convalescents, and those discharged cured, upon leaving our State hospitals, is just as much needed here as there, and this is what we ought to do.

We need no new society because we have the machinery ready at hand; nor do we need to establish a new institution, or to own buildings, or incur large expense. All that we need is earnest interest in the subject, co-operation, organization, readiness to work.

I have thought that, with the concurrence of the medical superintendents, of two or three members of the re-established boards of

managers of our State hospitals, and of some of the local visitors of the State Charities Aid Association — those living in the respective State hospital districts — that, with this combination, a working joint committee to provide after-care might be formed for each State hospital. The experiment might be tried at first on a small scale, with one State hospital, to see how it would work. I should like to see it tried, and will gladly help toward it in any way I can. This, Mr. Chairman, is, I believe, all I have to say.

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Mr. Chairman: We are very glad to hear from Miss Schuyler and I would like to ask one or two questions. Is this undertaken as a private philanthropy?

Miss Schuyler: Yes; it is voluntary philanthropic work.

Mr. Chairman: And could you furnish the name of the secretary?

Miss Schuyler: I haven't it here, but will send it to you. The name of the society is "The After-Care Association for Poor Persons Discharged Recovered from Asylums for the Insane."* I have already had some talk with Mrs. Acker, of the Willard State Hospital board, and I think perhaps, if the superintendents are willing to co-operate, we might get together some of the managers and some of the visitors of the State Charities Aid Association. I should not think it well to undertake the experiment on a large scale at first, or until we have had time to make a few tentative efforts.

Mr. Chairman: I would suggest to the chairman of the committee on topics that perhaps one of the managers might be willing to take up the subject and present it at one of the conferences.

Dr. Smith was to present a paper on the "Application of the cottage system in new hospitals for the insane," and as you understood this morning the plans in Dr. Peterson's hands have been mislaid, and it was impossible in the short time to draw up a new set, and therefore Dr. Wagner has been requested to make a preliminary report on the methods, progress and results of the hospital for tuberculosis. Dr. Wagner has very kindly agreed to give this preliminary discussion, and I have no doubt that those who have followed and are familiar with the conditions will be very glad to discuss it.

Dr. Wagner: I think I must offer an apology before attempting to say anything on this subject. The remarks that I shall offer are hardly worthy of being dignified by the title of preliminary report even, because I did not know I would be called upon to say anything. I have no tabulations or statistics to offer. I presume most of you are familiar with the fact that about three years ago an appropriation was made for the construction of three special

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pavilions for the care of the tuberculous insane in connection with the State hospitals. After considerable discussion as to where they should be located, it was decided to have one at Binghamton and the construction was commenced about two years ago, and the building was opened on the first of June, 1905, for 100 patients suffering from tuberculosis. The building itself is modelled to a considerable extent upon the English plans that were put forward by Dr. Latham in the King Edward prize essay. The building is a two-story structure, very largely of glass, so as to admit light, with fanlights over all the windows which open well up to the ceiling so there can be no pocketing of air, and corners are rounded and angles dispensed with as far as possible. Every effort was made in construction to avoid places for the accumulation of dust and dirt. In the furnishing of the building this idea has been constantly kept in mind, to avoid hangings, carpetings and draperies that would be likely to afford a lodging place for the tubercle bacilli. Dr. Koch of Berlin and others have demonstrated that darkness, dampness and warm air are the things that develop the tuberculosis bacillus, so we aimed to have our conditions the reverse; that is, light, ventilation and coolness throughout the building instead of the other conditions. We located our building upon what we regarded as a very favorable site, about 1,200 feet above the sea level, in the southern edge of a forest with rapidly sloping ground to the south. Dr. Hurd was visiting me when we were beginning the construction, and when I asked him for a name he immediately said "call it Edgewood;" so Edgewood is the name of our pavilion. In this forest immediately behind the pavilion we have laid out a number of circular walks, or semi-circular walks, following the foreign idea that patients to have exercise should have slow "up-hill exercise" on the way out and when they come back after this walk it is desirable that the return should be as little laborious as possible, and therefore down hill back to the pavilion. In this forest behind the pavilion we have many rustic seats for the patients to rest and quite a number of hammocks so that particularly the women patients may have the benefit of comfortable resting places out in the shade of the trees during the hot weather of summer. The building itself is provided with great verandas, especially on the southern sides, where those patients who cannot take much exercise may rest in comfortable chairs and have the benefit of the light and the air out of doors. On the first day of June we received 44 cases from Kings Park — insane patients suffering from tuberculosis, and a short time later we received about 25 from Utica, and the remainder of the 100 that fill the building were drawn from Ward's Island. As to the general management of the

pavilion, it is divided into four wards, and each ward has a charge nurse and two nurses to help her. On the male wards we have only men employed. We aim to have a better dietary for these patients than anywhere else in the hospital. We make this dietary very largely of eggs, milk and cereals, and every forenoon about ten o'clock a special service of gruel or an egg and milk mixture is served to about one-half of these patients, and the same thing is done about four o'clock in the afternoon. The result has been during these four or five months that the patients have all, with the exception of perhaps two or three, gained very materially in weight, and their breathing is much better. We have almost no temperature at all above the normal among these patients. They are covered with a coating of tan, and in fact they look so well that when you go through the building you wonder where the tuberculous patients are. The benefit that has resulted from this open air life, this better dietary, and the generally close supervision of the habits of these patients, the destruction of the sputa every day in a little furnace provided for that purpose, and the general care — all these things combined have improved the health of these patients certainly beyond my expectations, and the cost of the operation of this building is so slightly above the cost of the general hospital that it is not felt as a burden at all. The saving in the meat supplies is a large proportion of the extra cost for eggs and milk. I do not know that I have anything further to offer. If anything occurs to any of you that you would like to ask about I shall be glad to answer any questions that I can. So far as the medical supervision of this pavilion is concerned, my first assistant, Dr. Eggleston, has the general charge and visits it three or four times a week, and one of the other assistants makes a daily morning and afternoon visit to the pavilion, so that it does not increase the work of the medical office so much but that we are able to take care of it.

Mr. Chairman: How many patients have you in bed?

Dr. Wagner: I could not say positively, but I think out of the 100 in the building there are certainly not more than seven or eight.

Mr. Chairman: Is that fewer than when you first occupied the building?

Dr. Wagner: Well, when they first came a number of the patients came, as I stated, from Kings Park and from Utica, and were in a feeble condition and we put them in bed for a time, partly as a matter of routine, but I think they really needed to be in bed anyway. I could not say offhand just how many were put in bed when they first came, or how long they remained in bed, but I know we had quite a number in bed for a time. Then we

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got them out on the verandas, and then got them to walking around and their general health has improved very much.

Mr. Chairman: Do you have much trouble in getting them to use the sputum cups?

Dr. Wagner: No, no trouble; there were a few refractory but in such small number that it is a negligible quantity.

Mr. Chairman: Did you have any trouble from their spitting on the floor or on the bedspreads, or was that comparatively limited?

Dr. Wagner: None at all.

Mr. Chairman: If you found a patient who did these things would you separate her from the others?

Dr. Wagner: Every effort would be made to separate that individual from the general body of patients by keeping her in a single room.

Dr. Hurd: Did you receive any suffering from the disease in its later stages?

Dr. Wagner: Those that came from Kings Park and from Utica were in the main in fair general bodily condition, but we have had, I think, three deaths among those transfers, and those cases were very far advanced.

Dr. Hurd: Did you make any effort to eliminate the very far advanced before receiving them or did you take them as they were sent to you?

Dr. Wagner: No, we made no special objection at Binghamton, but I think that Dr. Macy and Dr. Palmer both tried to avoid sending people who could not stand the transfer. I think probably they had some cases much more advanced than those they sent; I do not know about that.

Mr. Chairman: Have you had any arrested cases, or is it too early to determine whether the disease in its incipency has been arrested?

Dr. Wagner: I believe that we have a number of cases of that kind, but as I did not expect to talk on this subject when I left home I have not very definite information to offer, but the whole body of patients is very greatly improved, and patients who were running a temperature three months ago do not run any temperature now that is at all noticeable, so my conclusion is that there is a very decided arrest of the disease in a considerable number of cases.

Mr. Chairman: I can bear testimony to what Dr. Wagner says about the appearance of his patients, that in looking at them as he said, you would wonder where the cases of tuberculosis were. They certainly look hardy, well cared for, brown and stout.

Dr. Wagner: I would like to quote a remark that Dr. Peterson made on one of his visits. When he saw the location proposed

with southern exposure, a forest behind it, a forest partly to the west of it, and on the east, a southern slope, with sunny exposures, he said enthusiastically "this is the kind of thing that scientific men are looking for all over the world," speaking of the site, and he said "there are mighty few they find," and if you compare it with those abroad and in this country you will find that 1,200 feet is a great deal higher than some sanatorium locations in other parts of the world. In the Adirondacks they are only 1,200 to 1,800 feet, and the famous Brehmer Sanatorium in Silesia is 1,300 feet above the sea.

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Mr. Chairman: Dr. Hutchings is building a new hospital for tuberculosis, and perhaps would like to say something to the conference.

Dr. Hutchings: We are just completing our pavilion; the contractor has about ended his work, and we hope in the coming month to occupy it. It is an exact counterpart of the pavilion at Binghamton, so it will require no particular description except to say that while the site is not on an elevation, it is very well situated. It is on the southern edge of quite an extensive grove, made up largely of evergreen trees, spruce, pine and hemlock, and is protected from the north and west — our prevailing winds are from the west — and has a sunny southern exposure. We feel that we have an unusually good site, although we have not the elevation, and yet, as Dr. Wagner says, many of the best institutions have not much elevation, and I understand that there is to be a large hospital of this character built by the city of New York on Staten Island where the elevation cannot be more than 300 or 400 feet. Ours is about 400 feet. During the past month I have had a careful physical examination made of every patient in the hospital, 1,722 at that time, and thought it might perhaps be of interest for me to tell the number of cases of tuberculosis that existed among that number of patients. We did not feel that we had a very large percentage of tuberculosis, and had for some years isolated them as well as we could by having certain corridors and certain single rooms set apart for patients of this class, which, of course, only provided for the most dangerous, that is, those most liable to convey the disease to others. After examining all of our cases we found that we had 42 women and 37 men who had the disease sufficiently advanced to make the diagnosis positive from physical signs, making a total of 79 patients in a population of 1,722. Of this number there were confined entirely to bed seven men and 14 women, 20 per cent of the men and 33 per cent of the women confined to bed and unable to be up any part of the time. Those who are particularly untidy in their habits and would therefore require exceptional attention were 14 of each

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sex, 40 per cent of the men and 33 per cent of the women. Those who had dangerous tendencies, who would assault, or who would resist attention, so as to make them liable to be engaged in a struggle at one time or another, were 11 men and 16 women, 30 per cent of the men and 38 per cent of the women. I think that this apparently large percentage of those who resist or assault, or those who are particularly untidy in their habits, is to be accounted for by the fact that the disease is very prevalent among the young people, those who have a form of insanity which is particularly apt to occur in the early periods of life, which we call dementia præcox. As a class they are untidy in their habits and are largely idle and therefore sedentary, who can be gotten out very little, and spend the most of their time in the wards where there is at the best a great deal of overcrowding and some bad air. We found in making up this list of patients suffering from the disease that a very large percentage of them were cases of dementia præcox. I can bear testimony to what Dr. Wagner says in regard to the splendid appearance of his patients. I have recently been to Binghamton for the purpose of looking over the pavilion there, and I was very much surprised to see what a change had apparently taken place in those cases, for undoubtedly they looked as mine do when first put in that pavilion, and they are as he says, well bronzed and have a quite strong and healthy appearance, though we know, of course, that does not indicate complete recovery until it has existed for a long time. There is nothing further that I think of that would be an addition to this discussion.

Mr. Chairman: In connection with the care of the tubercular insane I think the experiment at Ward's Island in regard to patients being placed in tents, and also cases of acute insanity placed in the wooden pavilions, is a matter of further aid. It seems to me that with the two hospitals now provided, one at Binghamton and the other at Ogdensburg, according to the plans laid down by Dr. Peterson, and the pavilions at Ward's Island according to Dr. Dent's ideas, which seem to meet admirably the needs of a particular class of patients, and the work that is now commenced at Hudson River of making over certain cottages on the hills for cases of tuberculosis, we are in a position to determine just what form of housing and provision is adapted to the needs of the tubercular insane. It is all very well to have the rounded corners and to avoid hiding places or lodging places for the bacilli, but the great thing is the personal care the patients are receiving, the teaching them how to dispose of sputa, teaching them to use the receptacles provided for that purpose, teaching them to avoid spitting on the bedspreads and on the floors and around the building proper. Therein lies the greatest hope of

success in preventing the further spread of the disease. Now these institutions to my mind were not originated for the purpose of the study of tuberculosis. The original idea in starting them was to take away from the wards proper a continued source of danger to the other patients. So long as cases of tuberculosis who are untrained and untidy remain on the wards, just so long will they be a menace to the life and health of those about them. Now, therefore, these buildings are provided. There has been a desire manifested to study tuberculosis, and the hope has been expressed that it might be a place where much might be learned about the care and treatment of tuberculosis, but this matter rests rather with the health authorities of the cities, New York and other large cities, and county authorities, for instance, like the work that is now going to be done in Orange county by the department of health under Dr. Darlington, and by the Commission of Charities in the newly planned institution on Staten Island, and by the State in its Raybrook institution, and private institutions like Dr. Trudeau's. The first care that we as State officers have is the care of the insane and the study of insanity, and I am sure that if we get to drifting off into the close study of tuberculosis we are going to get away too far from the duties which the law imposes upon us, and it is to be hoped that wherever these institutions are placed that the effort will be to see that the people get the standard of care that is necessary, and that everything is done for their comfort and, if possible, recovery, but not to devote time which should be devoted to other research to the study of tuberculosis. I bring that matter up so that if there is any discussion of this subject we will be very glad to hear of it now. I do not know how you feel on that subject, Dr. Wagner.

Dr. Wagner: I have only to add this, that in order to properly care for these people, of course, a certain amount of close study of the conditions of the several patients is necessary, but I think the point the chairman makes is very well taken, and that we must not lose sight of the general aims at the hospital for the care of the acute insane as well as the chronic insane and let these departments suffer while our energies are devoted to too great an extent to the careful study of these tuberculous cases. Of course everybody must admit that the case of acute insanity that makes a recovery and is restored as a worker among his fellows is of far more value than the case of an insane patient who is suffering from chronic insanity and on top of that with tuberculosis, and who, even if the tuberculosis is arrested, is not likely ever again to be a very useful member of society. We all recognize that the acute case when recovered is not only restored to society and thereby the cost of his maintenance saved, but if they are men not

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infrequently it happens, I believe, that they keep their families out of the poorhouse, and thus the results extend far beyond the individual. But at the same time I believe that we can make a pretty careful study of tuberculosis in our tuberculosis pavilions, and that it is justifiable to do as much as possible without neglecting our other duties.

Mr. Chairman: Would you consider it necessary, doctor, to have one physician to look after the tubercular insane alone? Did you find that necessary?

Dr. Wagner: It does not appear to be necessary. Dr. Eggleston, as I said, looks after them in a general way, maintains supervision and direction of the pavilion as a part of his general work. Dr. Lyon who is associated with Dr. Eggleston in the medical service, goes every morning through the wards of the tuberculosis pavilion and attends to all requirements, and in the afternoon either he or Dr. Hurlburt, a medical interne, does a similar service. Dr. Hurlburt, the medical interne, is at present making a series of pretty close and careful physical examinations. He does it during a part of the day when he perhaps would be playing tennis were he not doing that. He also does the other duties assigned him. We have not felt that this pavilion required the undivided attention of one physician.

Mr. Chairman: Now many questions are likely to arise in regard to other institutions that will be erected, and I therefore ask for general information, in order that those present may hear the discussion. The nursing of the tubercular insane you consider of primal importance, of course?

Dr. Wagner: Certainly.

Mr. Chairman: And therefore you raise the standard of nursing in a ward of that kind.

Dr. Wagner: Yes.

Mr. Chairman: You make it more than it would be in an ordinary insane ward?

Dr. Wagner: Yes.

Mr. Chairman: Now do you have any trouble in getting your nurses to take that service?

Dr. Wagner: When we opened the building I found objection in every part of the hospital. It seemed for a time as if we could not get nurses or attendants to work in this building on account of the apprehension that they seemed to feel that they might acquire tuberculosis. I insisted upon some of our older nurses going up to the pavilion and assuming charge, with the assurance that if they organized a service and then desired to leave the pavilion and go into other parts of the hospital again I would see that they had an opportunity to do so. Well, with that

understanding, a number of our old nurses consented to serve on these wards. After about a month or six weeks, when things were moving along very smoothly and swimmingly, I said to Dr. Eggleston, "Now I promised these old nurses who have gone up there that I would let them have positions back in the general hospital as soon as they organized the service if they cared to return." He replied, "You could not coax them away from there now; they are so well satisfied with the service in this building that they do not want any change." As a matter of fact, not a single one has applied for a return to the general ward service, so we have no difficulty at all.

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Dr. Ashley: I should like to ask Dr. Wagner one question, whether I understood him correctly or not when he said of the 100 patients that he has treated at Edgewood that he has lost but three by death and that the disease has been arrested in the other 97. I understood him to say that there was no elevation of temperature at the present time. If that be true, there can be no suppuration or inflammation, and the disease must be arrested.

Mr. Chairman: I do not think you understood him. I understood him to say that three of the patients transferred had died, but he did not say what the death rate was, and he did not say that any of the others had recovered.

Dr. Ashley: It is evident I misunderstood Dr. Wagner.

Dr. Wagner: I said we had had three deaths, and that in a large number of cases we had an elevation of temperature when we opened the building, and that there was now but little. I did not say 97 per cent nor 67 per cent, nor any other per cent, but that a very considerable number showed improvement. We have a number of patients who have a high temperature there, who show well marked signs of tuberculosis every day, but I cannot say now how many, whether only three or four or whether more, but a large number of patients have so slight an elevation of temperature, if any at all, that we think there is undoubtedly an arrest of the disease.

Mr. Chairman: Is there any further discussion on this subject?

Dr. Evarts: The women's division at Ward's Island has about 102 or 103 tuberculous cases treated in two wards, which have a solarium built adjacent thereto, that is, these wards are in a small, two-story building, and the solarium is also two stories high.

I thought I would like to speak particularly in regard to the detailing of nurses to care for these cases. We have in these two wards about six or eight attendants and nurses who are under a charge nurse, and these are selected from other parts of the hospital and detailed to work in these tuberculous wards for two months. If they show continued good health, they are kept two

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months on the service, and then are removed and perhaps never sent back again, or if they are sent back in the course of routine, it is after a long period of time. It is understood generally among the nurses who are ordinarily healthy, that they shall take their turn in serving on these wards, and we have very little difficulty getting them to do so.

Mr. Chairman: I will simply state in connection with the question of danger incident to the care of tuberculosis that the St. Joseph's Hospital in New York city, which is an old institution, has been occupied for many years for the care and treatment of tuberculosis, and two years ago when I visited it I was told by the Mother Superior that no sister nor any employee of the institution had ever contracted tuberculosis in the place. Then I inquired into their methods of caring for the sick, and to prevent the spread of bacilli, and found simply that they collected the sputa, etc., and kept the place clean, and that is the secret of it, keeping the place absolutely clean, so that in any institution of that kind I do not think one need have much fear if they can train the patients to properly dispose of the sputa, and I was very glad to hear Dr. Wagner tell of the success he had had in that matter.

Dr. Wagner: I would like to offer one more word. I assume that this essay of Dr. Latham's, which was the successful competitor out of 180 and received a prize of \$2,500, I presume it is safe to assume that it represents about the best information that we have on this subject, and Dr. Latham lays down therein that the great necessity in a properly conducted institution of this kind is to avoid the collection of sputa, to avoid the drying of it, the avoidance of dust in the air, and the need of ventilation, light and all that. A properly conducted institution takes care of all this, and that is the reason that the risk of infection is entirely negligible, and that a person working in such an institution or such a building who is in good health at the start runs practically no risk of infection.

Dr. Hutchings: In connection with Dr. Mabon's statement I think it ought to be mentioned that in the 20 years since Dr. Trudeau opened his sanitarium at Saranac Lake there has never been a single case of tuberculosis developed among any of the nurses. He has had them all under his observation and care.

Dr. Dewing: I had similar experience in the two cottages at Kings Park devoted to tuberculosis while I was there. We set apart a cottage for women and a cottage for men back as far as 1893, and we retained those cottages for the care of our tuberculous cases down to the time I left Kings Park. I never knew of a case of tuberculosis developing in any of the nurses or any of the attendants in those cottages, although we had cases develop

among employees elsewhere. I think that Dr. O'Hanlon will bear me out in that statement. Isn't that so, Dr. O'Hanlon?

Dr. O'Hanlon: Yes, sir.

Dr. Dewing: And I would say also that we found by giving a great deal of attention to the diet and keeping those patients out of doors as much as possible, and by keeping the cottages absolutely clean, and giving a great deal of attention to the disposal of sputum, although there was nothing ideal about the cottages whatever, except that I think the construction was so flimsy that a large amount of air got in through a great many crevices, and the air was consequently very similar to what it was out of doors — that the patients did very well indeed, and we had a large proportion of them improved and many recoveries.

Mr. Chairman: If there is no further discussion nor any further remarks on this subject, we will listen to the report of the committee on reorganization of the medical service, which will be read by Dr. Hurd for Dr. Pilgrim.

Dr. Hurd: I would say that this supplemental report was made up by the two members who live in Poughkeepsie and the member of the committee who lives in Buffalo did not have an opportunity to consult with them in regard to it personally before the meeting, although endorsing it in its main features.

REPORT OF COMMITTEE ON REORGANIZATION OF THE MEDICAL SERVICE

The committee on reorganization of the medical service would have preferred, before reporting further, to have had the benefit of a discussion by the conference of the suggestions made in the preliminary report presented at the last meeting. As there is need of action, however, it has been thought best to bring forward a schedule of salaries as an illustration of the way in which a schedule for the hospital service might be arranged along the lines which have operated so satisfactorily in the United States medical services.

The proposed salaries are:

Medical interne.....	\$600
Junior physician.....	1,000
Assistant physician.....	1,400
Senior assistant physician.....	1,600
First assistant physician.....	2,200
Superintendent.....	3,250

In all grades above junior physician ten per cent of the salary is to be added as an increase every five years until the end of

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20 years of service, when the amount becomes fixed. The salaries and allowances would work out as follows:

	Salary
Medical interne (no increase).....	\$600
Junior physician (no increase).....	1,000
Ten per cent increase for each five years:	

	Salary	5 years	10 years	15 years	20 years
Assistant physician	\$1,400	\$1,540	\$1,680	\$1,820	\$1,960
Senior asst. physician..	1,600	1,760	1,920	2,080	2,240
First asst. physician...	2,200	2,420	2,640	2,860	3,080
Superintendent	3,250	3,575	3,900	4,225	4,550

The committee estimates that this arrangement would increase the amount needed for salaries next year not more than ten per cent, which is less than half the increase recently made in the employees' wages.

The salary of medical interne is left unchanged.

The junior physician is increased \$100 over the minimum salary of the present schedule, but there is no increase as it is expected that the best men will be promoted in two years and there seems to be no advantage in providing for an increase for the rest.

The initial salary of assistant physician is increased \$200 a year. There is, however, no further increase until the end of five years from the date of appointment as junior. The increased expense to the State in this position is not as great as would at first appear from the increase in initial salary. Under the present schedule the amount received in 20 years by an assistant who was for two years a junior and 18 years an assistant is \$28,300; the proposed schedule would give him \$31,400, or an average increase of \$155 a year. The average increase for 15 years would be only \$100 a year, and there are not many men in this grade after 15 years service.

The initial salary of senior assistant physician, or second assistant as it is at present, is increased \$100. As promotion to this grade would probably not be made before five years from appointment as junior, the allowance of 10 per cent for length of service would have to be added making the total \$1,760. There would, however, be no further increase for five years more, when the amount — \$1,920 — would still be less than the maximum salary under the present schedule. The amount received in 20 years by a senior assistant who had been, previous to his promotion, six years an assistant physician and two years a junior, would, under the present schedule, be \$32,800, and under the proposed schedule, \$34,340, or an average increase of \$77 a

year. The committee believes that there should be two positions of this grade in hospitals with 2,000 patients, three in hospitals with 3,000 patients, etc. Also that maintenance should be provided for the families of officers of this grade.

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The initial salary of first assistant is increased \$200. This is to some extent, as in the other instances, offset by the longer interval than at present before an increase for length of service is given. The committee believes also that the hospitals have grown so large that the salary and allowances in this position should be increased.

The initial salary for superintendent is reduced \$250. The law, however, requires five years' service previous to appointment to this position, so that the 10 per cent increase for length of service would be added in all cases, making the amount slightly greater than the present minimum salary for superintendent. The maximum for superintendent is \$50 more than the present maximum, but it is not received until after 20 years service. In fact the amount received in 20 years by a superintendent appointed during his tenth year of service would not average more than \$80 a year more than at present.

The committee respectfully requests a thoughtful consideration of the schedule suggested, as the general plan at least seems to present features worthy of adoption. It should be considered in a broad and liberal spirit without undue respect to the effect on one or two individuals or a particular situation. In instances in which a temporary reduction in compensation would result from the application of the schedule provision could probably be made to prevent this. To the committee it seems that the proposed schedule would accomplish several important objects. The increase for length of service up to 20 years makes the position of the average assistant more desirable, and is also more just to those to whom promotion comes after varying periods of service. The prospects and the slight increase in the salary of junior would probably make the service appear more inviting to recent graduates. At the same time provision is made for confining the increase in salary and allowance to those who prove their fitness. The grade of senior assistant provides places in which a man can support a family and be comfortable irrespective of future promotion.

The committee believes that all promotions, except possibly to the position of senior assistant physician, should be by competitive examination.

Mr. Chairman: Is any provision made for the woman physician in this schedule?

Dr. Hurd: I think no changes have been made in that regard.

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Mr. Chairman: So far as I am concerned I am not prepared to discuss it, and as it is a matter that will have to come before the Commission, and inasmuch as Dr. Pilgrim and Dr. Russell are not here, the discussion of this report might go over until the next meeting. That will give us a chance to consider its merits and reach some conclusion in regard to it.

Dr. Hutchings: There was one little point that I would like to refer to, and that is according to the schedule as it is there printed it seems to limit the promotion into one grade from the grade immediately below, and that would work an injustice in a case of first assistant physician, as it would limit competition in hospitals of less than 2,000 patients. At the present time an assistant physician is as eligible as a second assistant for promotion to first assistant after competitive examination, and I think that that is a fairer arrangement than the proposed one, if I am right about it, where the examination for first assistant would be open only to senior assistants, as there would be but one in a small hospital or two in a hospital for 2,000 patients, whereas there might be three or four assistant physicians of long service who would be debarred.

Dr. Hurd: I think the committee would like to have some expression of opinion, if it could be had, because there are many points which we might not have considered which would be brought out in such a discussion, and which the committee might meet in a further report.

Mr. Chairman: How many hospital superintendents received copies of this report? All who did not receive copies of the report will please indicate.

Dr. Wagner: I would like to say that I received a communication from Dr. Pilgrim that contained part of this, but by no means all of it, and that was perhaps just about a week ago.

Mr. Chairman: Is that the case with others?

Dr. Dewing, Dr. Smith and Dr. Ashley signified that it was.

Mr. Chairman: I do not see how we can very well discuss it intelligently as the matter stands.

Dr. Hutchings: I think that covers it very well; it covers the principal points, except much more briefly.

Mr. Chairman: Of course if the members of the conference are willing to express their views on this proposed schedule here it might be very well to do so, and Dr. Hurd as a member of the committee can communicate to Dr. Pilgrim and Dr. Russell, the other members of the committee, the consensus of opinion.

Dr. Elliott: I would like to ask if there is any provision in it for changing the compensation of women assistant physicians who I don't think are mentioned.

Mr. Chairman: That is what I spoke of, Doctor; there was not.

Dr. Howard: What I have to say is adverse to the report. From our point of view I thought it would be fair to bring it up so that if it has any weight it can be considered in connection with the whole matter. A comparison of the schedule formulated by the committee with the one now in use shows that if a new appointee receives promotion after four years of service he loses in that time \$200 by the proposed schedule. If his promotion comes after five years, which probably represents the average, he will lose in that time \$400 by the proposed schedule. The less usual case of promotion in three years, there being quite few as compared with the others, gets the same under the new as under the old, while the exceptional case, there being only very few in the State, and those happen to be more numerous in one hospital than any other, who gets promotion in two years, gains \$100; while all remaining in the service for 10 years with promotions as outlined above in the end gain from \$400 to \$600. The scheme does not appear to encourage, from a financial point of view, the new appointee. By limiting all possible promotions to the three high grades to those from the grade next below the narrow way to high position in the service is brought out plainly, and three grades must be filled before a man can get along up this narrow way, and the limitations are made prominent. Now the report does not appear to have accomplished either of the two objects that the committee stated they were aiming at, namely, to overcome the indifference of well qualified men to the work as a career and to make even temporary positions inviting as a means of professional improvement. These two points are brought out more clearly in the circular accompanying our present schedule.

Proposed schedule.

A man entering the service and spending five years in subordinate grades, then receiving appointment as second assistant physician and serving 10 years in this grade would receive in salary during said period of 10 years a total of \$18,480.

Present schedule.

A man entering the service and spending five years in subordinate grades, then receiving appointment as second assistant physician and serving 10 years in this grade would receive in salary during said period of 10 years a total of \$18,500.

Therefore under the proposed schedule it will be seen that at the end of 10 years a man would get \$20 less than he does under the present schedule. Why it is desirable to go through that complicated competition, regulation and change with the hope of getting young men to take this business up as a career, is beyond my comprehension. I believe that if the different physicians through-

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out the State should study this thing critically, there would be a very earnest protest against it, and I am inclined to think that even the members of the committee would be opposed to it, as it does not in our opinion accomplish what it was intended to do.

Dr. Dewing: I would like to ask if promotion from the position of junior to the position of assistant physician is expected to take place within the hospital itself where the physician happens to be, that is to say, if a physician can take a successful examination for the position of assistant is it contemplated that he may remain in all cases in that hospital, or will he have to take the position of assistant if a vacancy may offer at some other hospital, if there does not happen to be a vacancy in his own hospital?

Dr. Hurd: As I understand you, I presume the procedure would be pretty much as it is now, that is, a man who becomes eligible for the position of assistant physician will sometimes prefer to let an appointment in another hospital pass in order to get a future one in his own hospital. That has been done on more than one occasion, and probably would work out very much as it does now. A certain number prefer to stay in a subordinate position where they are located rather than go to another hospital.

Dr. Dewing: Then, as you understand it, only a certain number of vacancies would be available for assistant physicians, and a man in a certain hospital, for instance at Kings Park, a junior, who was able to take the examination for assistant, would not be able to get that position at Kings Park unless there happened to be a vacancy there.

Dr. Hurd: I should think that was necessary unless the number of assistants should be increased.

Dr. Wagner: I do not know enough about this subject to discuss it, but two assistant physicians who have been in the service about three years expressed great concern and told me that it would work so much to their disadvantage that they were very down-hearted, and before anything further is done I think we ought to think it over very carefully, and know where we are before we pass any resolutions.

Mr. Chairman: I agree with you, Dr. Wagner. Of course you understand in this matter as chairman of the Commission I am not expressing any opinion as to the desirability of this change. It is a matter that must come up in the form of a recommendation from the medical superintendents, in a formal report, and then come to the Commission for action, and so far as I am myself concerned I could not discuss this report from what I have heard about it, and I do not think that I could discuss it from seeing a report of the character sent to Dr. Hutchings. There are a great many opinions to meet; it is far-reaching, and you must study what is going to be for the best interest of the institutions and the

medical service. It is all very well to take action on a proposition that is plain, but when you are building for the future you should be conservative and take time and give time for full discussion.

Dr. Smith: I move that further discussion of this subject be deferred until the next conference.

Seconded and adopted.

Mr. Chairman: It seems proper at this time to suggest the appointment of a committee to prepare in behalf of the conference a resolution of sympathy to be presented to Mrs. Langdon on the death of her husband who served the State so many years faithfully and well, and I will appoint Dr. Wagner and Dr. Ashley.

Are there any other matters of business? If not we will hear the report of the committee on topics.

Dr. Hurd: The committee would announce as the program for the next meeting, which will probably occur, if the usual procedure is followed, in the latter part of January, a paper by Dr. Meyer on a subject which he himself is to select and announce later. The paper by Dr. Smith will also be heard then, if he is ready, on the "Cottage system as applicable to new hospitals for the insane," and to open that discussion I believe Dr. Elliott was selected. The third topic was to be and will be allowed to remain, the report of Dr. Wagner on the hospital for tuberculosis. He kindly spoke informally to-day on this subject because of Dr. Smith's inability to read his paper, and next time we are promised by him some details and figures supporting his paper. At the second meeting from now, which will occur, according to previous procedure, probably in April or May, we will probably have the paper which has been suggested to-day, viz.: On "Convalescent homes and the after-care of those discharged recovered from the State hospitals." The committee has not had an opportunity to meet and select anyone to write that, as yet. Another paper, of more particular medical interest, will probably be on "Spinal puncture, for diagnosis and treatment."

Mr. Chairman: It has given us a great deal of pleasure to have with us to-day so many managers, and I wish that every superintendent would urge upon his board to send a representative to the meetings. It has been a peculiar pleasure and honor to us to have also with us Miss Schuyler, and I hope that at any time in the future if she can see her way clear to attend she will do so. If there is no further business before the conference we will adjourn to meet in Albany the latter part of January, the date to be fixed later.

Adjourned.

CARROLL F. SMITH

Secretary of the Conference

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Conference of State Hospital Superintendents with the State Commission in Lunacy, held at the Capitol, Albany, January 30, 1906, at 10:30 A. M.

Present: Dr. William Mabon, President State Commission in Lunacy.

Hon. William L. Parkhurst, State Commissioner in Lunacy.

Utica State Hospital, George H. Torney, M. D., First Assistant Physician.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Hudson River State Hospital, Charles W. Pilgrim, M. D., Medical Superintendent.

Middletown State Homoeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D., Medical Superintendent.

Gowanda State Homoeopathic Hospital, D. H. Arthur, M. D., Medical Superintendent.

Kings Park State Hospital, W. A. Macy, M. D., Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Manhattan State Hospital, Herman C. Evarts, M. D., Acting Superintendent.

Central Islip State Hospital, G. A. Smith, M. D., Medical Superintendent.

Matteawan State Hospital, Robert B. Lamb, M. D., Medical Superintendent.

Dannemora State Hospital, Charles H. North, M. D., Medical Superintendent.

Dr. Adolph Meyer, Director Pathological Institute.

Dr. William L. Russell, Medical Inspector.

Managers Fred J. Mauro, Mrs. Mary C. Acker, Willard; Miss Catharine A. Newbold, Mrs. Grace Schenck Ward, Hudson River; Ira L. Case, Middletown; Dr. W. C. Krauss, Buffalo; Mrs. Kate M. Ely, Binghamton; John J. Robinson, M. D., St. Lawrence; Eugene H. Porter, M. D., Gowanda; John Thatcher, Kings Park; Mrs. Eleonora Kinnicutt, Manhattan.

State Charities Aid Association, Miss Louisa Lee Schuyler, Hon. Homer Folks, Miss Mary Vida Clark, Mrs. Herman Biggs, Miss Rhett.
 Mrs. Adolf Meyer.
 Hon. G. L. Heins, State architect.

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Mr. Chairman: The conference will please come to order. We have waited beyond the announced time for meeting with the expectation that some others would be here, but the business before the conference is so great that we cannot delay any longer. Before we proceed with the program, are there any matters of interest to be brought up, members?

Dr. Pilgrim: I wish simply to move that a committee be appointed to take proper action upon Dr. Dent's death for the purpose of framing a memorial and taking suitable action.

Seconded by Dr. Hurd and adopted.

The Chairman appointed as such committee Dr. Macy and Dr. Smith.

Dr. Hurd: Dr. Dent was also a member of the topic committee to provide programs for these conferences with the Commission, and, in view of the fact that the program for the next meeting is not complete, I would suggest that his place be filled by proper action.

The chairman stated that following the suggestion made by Dr. Hurd he would appoint Dr. Pilgrim as a member of the topic committee to succeed Dr. Dent.

Mr. Chairman: Are there any other matters to come before the conference at this time? If there are not, we will listen to Dr. Smith's paper on the "Colony system as applied to institutions for the insane." Before he begins, I would say that I invited the State architect to be present at this meeting this morning with the idea possibly that he might add something to the discussion. He is however not here, and I will send for him, and we will postpone the reading of Dr. Smith's paper for a few moments.

Dr. Wagner read the memorial prepared by the committee appointed by the last conference respecting the death of Dr. Charles H. Langdon, second assistant physician at the Hudson River State Hospital.

The committee to which was assigned the duty of preparing an expression of the conference of State hospital superintendents with the State Commission in Lunacy respecting the death of Dr. Charles H. Langdon, second assistant physician at the Hudson River State Hospital, at Poughkeepsie, N. Y., presents the following memorial and recommends that it be recorded in the proceedings of the conference.

MEMORIAL

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The members of this conference of State hospital superintendents with the State Commission in Lunacy, conscious of the great loss the State hospital service has sustained in the death of Dr. Charles H. Langdon, second assistant physician at the Hudson River State Hospital, which resulted from appendicitis November 15, 1905, desire to place upon the records of the conference some expression of their earnest sympathy and profound regret.

Dr. Langdon was born in New York city in 1853 and was educated in Fordham College and at the College of Physicians and Surgeons in New York. He was deeply interested in the study of nervous and mental diseases from the beginning of his medical work and was appointed an assistant physician on the staff of the Hudson River State Hospital in 1877. Since then, Dr. Langdon had been continuously in the hospital service with the exception of a brief period during which he engaged in private practice in Poughkeepsie. Dr. Langdon was an earnest student of medicine and found time in the midst of arduous duties to read the current medical literature and to keep in touch with the important advances made in his profession. He was recognized by his associates as a co-worker possessing sound judgment, a warm heart, and extraordinary capacity for work. During the long period of his connection with the Hudson River State Hospital he had under his personal care at all times hundreds of unfortunates to whom his unvarying kindness was a never-failing source of comfort. His interest and zeal for their welfare was unflagging; indeed, it can scarcely be doubted that had he been less mindful of the comfort and needs of others and more considerate of himself the fatal malady which arrested his career, while he was yet in the prime of life, might have been materially postponed.

In appreciation of the great and good work Dr. Langdon did for the insane this conference extends to his bereaved family and to his aged and sorrowing mother its sincere sympathy.

CHARLES G. WAGNER

M. C. ASHLEY

Committee

Mr. Chairman: You have heard Dr. Wagner's memorial and the suggestion upon its being incorporated in the proceedings of this conference, and if there is no objection this action will be taken.

Dr. Pilgrim suggests the advisability of having a part of the next conference devoted to a memorial to Dr. Dent, and that will

be referred to the committee on topics. It seems a very good suggestion.

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Dr. Howard: It is arranged that in the last week in February there will be an up-State meeting of physicians connected with the State hospitals for the study and consideration of questions in connection with the care of the insane, more particularly the reception service for the acute insane. I do not know exactly the line of division between the different institutions, but that will come out in the course of the month, and letters will be sent inviting the superintendents and physicians to this meeting.

Dr. Smith read his paper on the "Colony system as applied to institutions for the insane."

APPLICATION OF THE COTTAGE SYSTEM TO THE NEW HOSPITAL

By G. A. SMITH

In writing this paper I have confined myself to conditions that have appealed to me during my experience of over 20 years devoted largely to the colony system as applied to the care of the insane, and which it seems to me has given most satisfactory results both as to treatment, occupation and proper classification of patients. The present colony system of this State, of which Central Islip is both the largest and latest, is very imperfect and I might say may be called only a half-tone picture with many imperfections. In building a new hospital advantage should be taken of the defects existing in Central Islip and other colony systems to avoid a repetition, so that the new hospital would be ideal.

The housing or collecting together of a large number of insane in one building or ward is an obstacle to individual treatment and is conducive only to general or treatment "en masse." This is particularly so among the chronic insane, which constitutes about 85 per cent of those committed to the hospitals. I have no doubt that the unfortunate termination of a large number of cases is due to this close association of great numbers. We are making rapid and satisfactory strides in improving the individual treatment among the acute insane, but after patients have been a year in the hospital — if they do not reach the convalescent ward — they are placed among the chronics. These are the cases that should receive our attention as well as the acute. It is a great mistake to lose interest in the medical treatment of a patient after he leaves the acute division, for I believe there is always hope of an ultimate discharge of many of these so-called chronic cases as "improved" if not "recovered," if we use the same energy in the matter of their treatment as we do in that of the acute.

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The new hospital should consist of a colony made up of numerous cottages, as it is a conceded fact that the cottage system is the best and many of the hospitals for the insane, constructed abroad within the last 10 or 15 years have been arranged on these lines. The advantages are many and the disadvantages few, if any. Rational as well as scientific classification can be made possible and we are not forced to keep together the appreciative with the unappreciative, the quiet with the noisy, the tractable with the resistive, the honest laborer with the degenerate criminal, as we are compelled to do in the large buildings or wards. The human mind even in its deranged state is often susceptible of impressions, good or bad. What impression can remain in the mind of the refined intellectual person after observing for months the bad manners and listening to the talk of his ill-bred associates? It surely does not contribute much towards restoration of his mind. In wards containing from 100 to 200 patients, such conditions must continue. On the other hand cottages would afford opportunity not only for a psycho-hygienic but also for a rational classification. Aside from the advantages of proper classification and reducing the number of patients to be associated together, the opportunity of changing patients from one cottage to another is of great importance; for often a patient is benefited by change of abode and association.

As to site. Not less than 1,000 acres should be obtained of good farming territory, centrally situated as to accessibility as to the district, not only for the reception of patients and the visitation of their friends but also for the transportation of supplies. There should be a water supply of 1,000,000 gallons per day. The question of sewage has solved itself into a matter of good fall. I believe in all hospitals it should be treated before distribution and used for irrigation.

The hospital should not be too remote from some town to which the employees could have easy access for their recreation during the time they are off duty.

ARRANGEMENT OF BUILDINGS

Near the most accessible or decided entrance to the hospital grounds should be placed the administration building. To the right, left and rear — approximating the shape of a fan with the administration building at the handle — arrange the buildings in centers and groups, classified as follows: Acute, chronic, convalescent, industrial, farm and amusement centers. In the arranging of these buildings I have considered economy as far as reasonable, avoiding duplication in the matter of equipment,

centralizing kitchens, etc. The detail of buildings is omitted from this sketch, which simply shows the general arrangement. This can be enlarged or contracted to meet the capacity required. The diagram presented gives the general outline only and is not thoroughly correct as to distances — rather contracted.

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Back of the administration building should be the acute center, arranging for the men on one side and the women on the other. This system of placing the sexes on either side of the line of the administration department to be maintained throughout the entire arrangement. To the right and left of the acute I would place the convalescent centers; the chronic centers to be placed back in the grounds diagonally right and left of the administration — as before mentioned, men on one side and women on the other. The industrial center should be central to all this. Here should be placed the power house, the electric light plant, the storehouse, laundry, shops, etc. Beyond this should be the farm center, stable, barn, piggeries, etc. The amusement center, consisting of hall, athletic field and tennis courts, should be placed between the acute and industrial centers.

This general arrangement would have to be modified to fit the conditions of the site.

The tuberculosis hospital should be placed remote from all the buildings in a desirable location as to elevation, etc.

ACUTE CENTER

The acute center to consist of 10 cottages with a capacity of 25 each, connected by corridors to six dining-rooms, allowing five cottages for each sex. The central building on each side to be the receiving cottage. In this central building should be the examining, hydro-therapeutic, physician's office, and record rooms; the other cottages to be arranged both for dormitory and single room service. Each cottage should have a reception room for the purpose of visitation of friends. Small cottages, with a capacity of 30 patients, should be placed within easy distance from these buildings for workers (chronic cases), to assist in the domestic work in the acute and hospital services. This arrangement would permit opportunities for classification of the patients not only in the different cottages but also allow it to extend to the dining-rooms. For classification amounts to nothing unless followed in every detail. In Central Islip this opportunity for classification is interrupted and set at naught three times a day by close association in the large congregate dining-rooms. Not that I am a disbeliever in congregate dining-rooms, but I believe that they should represent patients of the same class only as far as possible. In close proximity to this group should be the acute surgical or

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hospital building, having a capacity of about 80 patients, with two wings — one for men and the other for women — extending from the central building. The central building to contain the general drug store, operating, static, dental and ophthalmic rooms. This building to be connected with the kitchen by an underground tunnel and the food distributed to each floor by elevators.

CONVALESCENT CENTER

The convalescent center to be a group of three cottages of the pavilion type with a capacity of 25 to 30 patients in each cottage. There are two centers, one for men and one for women, arranged to connect with dining-rooms similar to the acute service, so that even here the social classification could be carried on to the dining-rooms. For it is distressing to see the unappreciative resident of the slums sitting side by side with the appreciative resident of respectable society. This center is an important one. The surroundings should be as pleasant and homelike as can be made and everything that savors of hospital life should be eliminated as far as possible. Patients should have full liberty and there should be a relaxation from the general rule. We have a ward at Central Islip which has received the name of "The Pines." There is but one attendant connected with the ward; the patients virtually take care of themselves and the ward; they have a reception room, with card tables, smoking-room, with cozy corner. No doors are locked and they go to and from their meals in a special dining-room unattended, and those who are not detailed to the ward are occupied during the day at such occupation as is best suited to their tastes. After they leave the hospital their last impression is a memory of "The Pines."

CHRONIC CENTER

The chronic centers should consist of two groups of eight cottages each, one for men and one for women, having a capacity of 50 patients in each cottage, connected by corridors to six dining-rooms — similar to the acute centers. In addition to the eight cottages of these groups there should be one or two smaller cottages, having a capacity of 25 to 30, for special cases. An infirmary building, fireproof, with a capacity of 75 patients, for the bed-ridden, should be placed in close proximity to each of these centers. The arrangement here should be similar to that of other centers, for the purpose of classification. In all the cottages of this center I should arrange for an extra room to be attached to each cottage for the purpose of occupation by patients who do not go to either the industrial center or the grounds for occupation.

INDUSTRIAL CENTER

The industrial center consists of the boiler and power house, bakery, storehouse, laundry and shops. I have placed the power plant in the center as a matter of economy and efficiency, for it is cheaper to bring your fuel to the center than to force your steam long distances only to get wet steam and inefficient heat at the terminals. At this center should be a cottage for about 30 to 50 patients who are specially selected for employment around the industrial buildings as assistants to the mechanics, etc. These patients should have special diet and their dining-room should be in connection with the employees. An employee's cottage should be situated in this center as well as the central dining-room and kitchen.

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FARM CENTER

At the farm center we have the barn, stable, dairy barn, poultry, piggery and granary, a farmer's cottage and coachmen's and stablemen's cottage. Here also we should have a cottage with a capacity of from 30 to 50 selected patients who will work as farm assistants. To these centers should be attached a small kitchen and a dining-room of sufficient capacity for patients and employees of this center.

AMUSEMENT CENTER

The amusement center is situated between the industrial and the acute centers within easy access of the convalescent and chronic centers. This center should consist of an amusement hall — which can be used both for entertainments and religious services — an athletic field and tennis and croquet courts. This center is a very important one. At Central Islip we hold weekly dances and entertainments during the winter months in the amusement hall; in the summer months Saturday afternoon is set aside for athletics and base ball. An average of 2,200 patients attend these field and base ball games and daily there is a certain number of patients that are at recreation either at the tennis or croquet field.

ATTENDANTS' HOME

There should be two attendants' homes, one for men and one for women, on either side, situated centrally between the acute, chronic and convalescent centers. In the industrial and farm centers a third story could be built and used for this purpose over the cottages occupied by the patients. This arrangement could be made as well in certain buildings of the chronic service, especially in the infirmary, so that attendants would be within easy call in case of emergency. As to kitchens, there will be three large kitchens, one

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for the acute and two for the chronic centers — and three smaller kitchens for the convalescent and industrial centers.

PHYSICIANS' COTTAGES

Physicians should reside in cottages outside of the buildings. These cottages to be situated conveniently to the different services.

ADMINISTRATION BUILDING

The first floor should be arranged for superintendent's office, first assistant physician's, steward's clerks, telephone and telegraph offices and reception room. The second floor for medical library, board room and hospital library. The other floors to be arranged for spare rooms and for clerks and stenographers.

MISCELLANEOUS

While on the subject of construction I would like to lay particular stress on the necessity of having a sufficient number of lavatories and closets. The rush, crowding and clamoring of patients to reach the closets and lavatories, which are inadequate to meet this sudden onslaught, during the early morning or getting-up hour, is the most distressing sight that occurs during the entire hospital service. There is too much centralization of lavatories and closets for economy's sake. It is much better to arrange these at each end and then divide the patients, thus avoiding the crowding at one center. A separate individual bathing department should be connected with each cottage or pavilion. Large congregate bathing departments are not conducive to modesty or thorough cleansing. It might do for prisons but not for hospitals.

Every cottage should have large, wide verandas, which could be enclosed with glass during the winter months.

FINAL

A hospital arranged like this would give an opportunity for almost perfect classification of patients as well as facilitate the various forms of treatment, especially in the matter of occupation and diversion, which I consider to be of more importance than drug treatment. I have found that after the acute stages the earlier the patients are placed at some rational occupation or diversion the better.

When the machinery starts in the morning, the selected farm patients will leave their cottage for their special duties; the selected patients at the industrial center to theirs; those at the chronic centers go to their different occupations, some to the farm,

gardens, grounds, industrial center, leaving the ward workers or housekeepers to clear up the cottages for their return. The convalescents, such as are not detailed for work at these centers, report to their special occupation, while others will seek diversion at the amusement centers.

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A colony arranged on this plan would be conducive to normal, rational and scientific treatment of the insane.

Mr. Chairman: I have listened with a great deal of pleasure to Dr. Smith's paper, and before the discussion opens I would like to ask two or three questions. How many patients would this colony provide for?

Dr. Smith: Two thousand.

Mr. Chairman: And this would be for what sort of a district — a metropolitan district?

Dr. Smith: Yes; but these centers could be contracted or enlarged to meet any requirements.

Mr. Chairman: Have you considered the proportion between the number of patients in the infirmary and the number of patients in the surgical building?

Dr. Smith: The surgical building is for 80 patients, 40 men and 40 women, for the entire colony of 2,000.

Mr. Chairman: And the infirmary 75?

Dr. Smith: Yes, for bed-ridden; 75 out of the 600 in the chronic centers.

Mr. Chairman: Dr. Elliott was to open the discussion of this paper.

Dr. Elliott: Mr. Chairman, ladies and gentlemen — The application of the colony system in institutions for the insane is not new. In 1866 what is now the American Medico-Psychological Association adopted a proposition that no institution for the insane should have a capacity for more than 600 patients, and prior to 1866 the limit had been fixed, I think, at 300. In 1835, the number of registered insane in this State was about 1,000; in 1850, it was 2,500; at the time of the passage of the State-Care Act in 1899, the total number in the State hospitals and the various almshouses was something like 15,200, and to-day, as all of you know, the total number in the State hospitals is about 26,500. So it will be seen with what rapidity the insane population in this State has increased during the last 50 years, and owing to this rapid increase the time came when a departure from the established order of things was necessary so far as asylum construction was concerned, and the colony system was conceived. The first cottage to be erected in this country in connection with a public hospital for the insane was at the Pennsylvania Hospital by Dr. Kirkbride in 1847. He erected a small cottage

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there for the care of special cases of the private class in which there was a reasonable hope of recovery. At that time a considerable proportion of the patients, I think some 17 per cent in the State hospitals all over this country were of the private class, which is not the case in this State to-day. Then in 1855, Dr. John C. Bucknill, the first editor of the *British Journal of Mental Science* and superintendent of the Devonshire County Asylum, established a cottage colony system in connection with that institution, and it is interesting to note that during the same year he established a seaside colony at Exmouth, which accommodated 40 women patients. That was done by renting what had been an old mansion belonging to one of the nobility, and the patients resided there during the summer season. As it was a seaside resort there was a great deal of opposition on the part of the local residents and a petition was sent to the home secretary protesting against the establishment of this colony, but he declined to interfere. I don't know whether Dr. Howard is aware of this or not; he has established a lake colony at Rochester and I thought perhaps it might interest him. The Willard State Hospital was the first institution for the insane in this country to be built almost wholly on the colony or cottage plan. The law establishing Willard was passed in 1865, so that the institution is now about 40 years old. Being the oldest colony system that we have in this country, it may be appropriate to make some comparisons between the conditions at Willard and what Dr. Smith has so very clearly described to us as his conception of what a colony system should be after his long experience. There was a great deal of opposition to the establishment of Willard, mostly on the ground that it was for the care of the chronic insane exclusively. Dr. John P. Gray, of Utica, who was one of the most illustrious men in the specialty of his day, was very much opposed to it; he was not only opposed to it because he did not believe in having separate institutions for the chronic class, and I think all of us to-day agree with him in that opinion, but also because he objected to the cottage or colony plan, and advanced the argument that it had been tried in England and was considered a failure there, and that it had not grown to any extent. I believe there was some truth in this latter statement. He may have been influenced too by the conditions at the Utica State Hospital, which is perhaps one of the most complete examples of the monastic or block type of institution. Dr. Cook and Dr. Chapin presented the subject to the National Society in 1865 and 1866, and the whole society seemed to be against the idea of having a place for the chronic class alone. Now it was claimed for Willard economy of construction, economy of

maintenance, and a better classification and facility for taking patients out to work. Those were the claims I believe which were advanced in favor of the Willard system. I know that a number of gentlemen here are perfectly familiar with the conditions at Willard, but as some of the ladies and gentlemen present are not, if I am not taking up too much time, Mr. Chairman, I would like to present some plans.

Mr. Chairman: You have ample time, Doctor.

Dr. Elliott: Willard consists of seven groups of buildings for patients scattered over a large area, each with its own heating plant and its own dining-room and kitchen service; in fact, these buildings are run practically as distinct institutions, independent of each other, with the exception of the water supply and electric light, which come from central plants. There is a main building, a plan of which I here present, with a capacity, as revised recently, of something like 660, (it was built for 500) consisting of a central portion with three wings on each side, men on one side and women on the other, and in this main building the first floor of each side is given up to the acute cases. Here is an exterior view and ground plan of the infirmary building for women, which has a capacity of 280 patients; it was originally the State agricultural college which was abandoned during the civil war, and this really determined the location of the hospital. Here is a view of the infirmary building for men, which has a capacity for 180 patients. This is the plan of a group of cottages, with an exterior view as well; there are four of these groups of cottages, consisting of a central portion which is given up to the kitchens and dining-rooms on the first floor and physicians' and employees' quarters on the second and third floors. On each side of the center are two cottages, two stories each, with a capacity of 70, so that the whole group, the group of four cottages, has a total capacity for 280 patients. The original capacity was 200, and the revised capacity represents the actual number of beds in use. Each ward contains 35 patients and has a sitting-room, four small dormitories, eight single rooms and attendants' rooms. I am unable to state what the per capita cost of the infirmary and main building was, but the four groups of cottages were constructed and equipped at a cost of \$500 per bed, on the basis of 200 beds to the group, which is not so very different from what is being expended now for the erection of new buildings. In addition to these seven large groups we have two frame cottages for men patients employed on the farms, one accommodating 25 and the other 30. As I stated, these buildings are widely separated from each other, the infirmary for women being over one mile from the main building, the infirmary for men over half a mile, and one of the groups of cottages is more than half a mile from the main

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building, and the formation of the country is such that these buildings are very much hidden from view, that is, they are partially hidden by trees and by the formation of the grounds, which I think is an advantage. I think that is one point of advantage over the plan which Dr. Smith recommends, and one of the criticisms I have to make of Dr. Smith's plan, especially if such an institution were to be situated on Long Island, as it might be some day, which is a barren place and very flat, is that all of the buildings would be near to each other, and would have that institution air about them which I am glad to say is not so manifest at Willard. Now the question of economy of maintenance comes in, and is a very important one. In some respects the system at Willard is expensive; for instance, we have to maintain many kitchens, and a large kitchen force. The kitchen service in 1903 amounted to \$3.56 per capita, the general average for the State for that year being \$3.17, so that notwithstanding the number of patients, and we have a total of some 2,300, the cost for maintaining the kitchen department is higher than the general average for the State. The distinctive feature of Willard is its lack of centralization which is not so evident in the newer institutions that have been built upon the colony system; still I maintain that from the patients' standpoint it is preferable; it may cost a little more to maintain, but I think it is a great deal better to have the various buildings a good distance apart. Then the question of the engineering service and the cost of fuel and light for maintaining all of the different heating plants is another item which brings the per capita cost at Willard up above the average. The engineering department for 1903 amounted to practically \$6.00 — \$5.99 to be exact — per capita, while the general average for the State in that department was \$5.70, so that we are high in that respect, for the same reasons that I explained in connection with the kitchen service. The cost for fuel alone is apparently below the average for the State.

Mr. Chairman: That is due to the price of coal, is it not?

Dr. Elliott: It is possible that the local conditions with regard to getting coal may have some bearing on this point.

Mr. Chairman: Your per capita consumption is higher I think.

Dr. Elliott: Mr. Heins, the State architect, has criticised the steam system at Willard and believes that some alterations should be made for economical reasons. I have no doubt it would be possible to lessen the number of separate plants by a more centralized plan. For instance, the groups are so arranged that it would be possible for two steam plants to meet the requirements of four groups, whereas now each has its own plant. But a change of this kind would entail a considerable outlay. With regard to the

ward service and ratio of attendants I do not know that the system at Willard makes so very much difference on the whole. Our ratio of attendants and nurses to the number of patients is not very different from that of other hospitals having a like number of patients; I might say, however, that two of the groups of cottages, one for men and one for women, containing 280 patients each, get along with one night attendant, at least they have had to do that, and experience so far has not shown that this is of any great disadvantage; we have been very fortunate in not having anything serious happen in those buildings at night. Of course the patients in these particular cottages are selected and belong to the working class and are the most reliable ones that we have. The question of the better classification and facility for taking out patients to work I think we will have to concede. There is no doubt that we can make a very good classification and the buildings are so arranged that the matter of getting patients out to work is very much facilitated. One group for men is situated near the farm barns, another group for women is situated near the laundry and sewing-room. There is one thing I like about the Willard system especially, and that is the dining-room service. We have no immense congregate dining-rooms such as are to be found at Kings Park and Central Islip and no underground passages except at the main building. The largest dining-rooms that we have are in connection with the cottages and accommodate 140 each, which I think is big enough for any institution. My feeling is that the matter of large congregate dining-rooms has been carried too far. A few weeks ago I visited Central Islip and Dr. Smith very kindly took me into one of his large dining-rooms when dinner was being served; he told me that there were 1,200 patients there, and it was to me a very depressing sight. So far as my experience goes, Willard is one of the most homelike institutions that I have seen, and while in some respects it may be expensive, from the patients' standpoint, I think it is more desirable than some of the newer colony systems, and reflects great credit upon those who planned it.

Mr. Chairman: You have heard the discussion by Dr. Elliott, and it appears to me that in the general discussion of this subject we ought to confine ourselves to principles rather than details perhaps; the question as to the size of buildings, proportion perhaps between the different classes is immaterial. The question is as to the advantages or disadvantages of the colony plan, an institution built on the cottage plan or a modified cottage and large building plan should be the line of discussion. The subject is now open for general discussion. We have with us superintendents representing all the different kinds of institutions; Dr. Pil-

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grim represents one kind; Dr. Wagner represents a modified Hudson River State Hospital; Dr. Hutchings represents an institution that has a number of cottages and cottages connected by corridors; Dr. Dewing and Dr. Torney represent the old line Kirkbride institutions, and we would be glad to hear from all these superintendents or representatives. That does not cut off any one else. Dr. Macy represents a certain type of institution.

Dr. Macy: It seems that no one appears to want to start the discussion. I have only a very little to say in extension to what has already been said both by Dr. Smith and Dr. Elliott; and this is much of course along general lines. I have had experience in the past with both types of institutions. At Ward's Island we had one large building, on the two sides, and at Blackwell's Island we had one large building, with a number of outlying cottages, with all the disadvantages of that system, where they (the patients,) were herded without sufficient conveniences, connecting corridors, halls, etc. I had experience at Willard with the cottage system, as it was worked out there, probably as early as anything in this country, and at Kings Park with a modified system of comparatively large wards, built after the old style to some extent, and others with modifications of the cottage system. But bearing in mind what you said about generalities rather than details, I would say that the result of my experience is that nothing takes the place of the cottage system, if it is properly worked out, and I think that one difficulty that we have had to deal with in the past has been the fact that the institutions have not been completed as originally outlined. There have been modifications; for instance, at Kings Park, where I am now, where they evidently began with the idea of one central power plant, and the grouping of their buildings when erected, in order to provide for economy in the matter of handling coal, and then another set of managers came in, and buildings were built at the remote end of the grounds. I think we can hardly undertake a discussion of generalities without giving some details, without in fact coming almost at once into a lot of these details, because the carrying out of details makes the success of the general project. I believe at Willard we had as good an opportunity for classification, as anywhere in the State, and I agree very heartily with the point Dr. Elliott made about the advantage of not getting the buildings too near together. But even at Willard, as the State architect has said, there should be two or three centers for steam heating, and a very material saving in fuel, heating and light for that institution could be effected in that way. One of the principal difficulties I think in laying out the plan of an institution is in the selection of the site. The people who select the site, as a rule, are swayed by contrary notions about

the appropriateness of things, and do not think sufficiently about the convenience in handling the patients and the problems that are likely to turn up afterwards, and too likely to select property intersected by highways and public roads, too accessible for outsiders. Of course you want to make these places as open as possible to the public and I will grant that it is an advantage to have as large a number of people in the community interested in regard to the affairs of the insane, or in connection with any of the work in connection with our charitable work. The larger the number of people that understand and know about things the better, but there are other problems that come up for the superintendents to deal with, and the more they are allowed to come up, the more trying his difficulties become, particularly when you get institutions on a highway, and a plan something like the plan of Dr. Smith is preferable for the reason that it gives the opportunity, if the land is originally bought in the right way, to have all the people come in from one direction, so business can be kept under supervision and control, and permit the patients to be given the maximum amount of liberty. At Willard and Kings Park, we have had the difficulty of public roads coming very close to the buildings, and at one time when dealing with the liquor element of the community, we had cases of the smuggling in of intoxicants, and also difficulty in dealing with absolute stealing or pilfering. We had a very large acreage, a very large area to watch. I think if the boards of managers and the members of the State Commission in selecting sites for institutions, would bear in mind that idea of more perfect control of the property, it would not give the superintendents so much difficulty in their management later on. A system of this kind (Dr. Smith's) as laid out, affords the maximum number of advantages, and, while we all agree upon the matter of giving the greatest amount of individual care to our cases, we have still to bear in mind always, that a central administration, as far as possible, is necessary in reducing the cost of maintenance, and makes it much more easy to interest the taxpayer to give us money, and to put such a system into effective operation, and to maintain it on that basis. I am nearly 20 years in this work, and I think instead of being a pessimist in regard to what can be done for the insane, that I am more optimistic than I have ever been in that period. I had one case at Willard who had been under treatment some six years in all — who had been under treatment for one or two years before he came to me, and he was under treatment when I had charge of him for four to five years. That man made a complete recovery, and is to-day, so far as I know, making a living in the mercantile business in that community. I have had other cases, or somewhat similar cases, and I find in talking these matters over with

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other superintendents, that almost all of them have had such an experience, and I often wonder whether with the closer study of the insane and the doing more in an individual way, we will not find that the percentage of recovery, which has already increased considerably from the older days, will not very materially increase in the future. As to the general condition of the insane, I think all of the older people in this work will agree that the condition of the insane, their general condition, is as totally different from that which they showed 20 or 30 years ago, as day is from night. There is no comparison. You go into the institutions to-day and it is a rare thing to find any great number of disturbed cases; the number that require even temporary restraint is comparatively small, and I remember very well that when Dr. Chapin visited me at Willard—the superintendent of the old Kirkbride institution—he went around the grounds quite a little with me, and when we passed by the old north wing—familiar enough to a number here—he stopped me on the walk, and he said “I hear no noise here.” I said “There is none at present, and it is only occasionally that we have any.” He said “Where have our mad houses gone?” I think that there is just one answer, and that is the greater amount of individual care, and the greater liberty that is given the patients; there is more being done in regard to occupation and diversion, more and better medical care, and that over and above everything else has brought about that condition. If we can do as much in the 20 years to come as in those that have now gone by, I think we ought to look forward to the next 20 years as a very encouraging prospect, and to hope with our advancing discoveries that the insane will see a new era, and an amount of hope will be given to the friends of these poor sufferers that is greater than anything that has ever been offered before.

Dr. Krauss: Has the Commission any figures showing the per capita expense of the cottage plan and the old line buildings?

Mr. Chairman: I do not think so; and in any event, it would not be of very much advantage for the reason that no comparison can be made between the per capita cost of building the older buildings and present construction, as the cost of building was so much lower then than it is now.

Dr. Dewing: As many of you know, I have had experience in the management of two different types of hospitals. I was for 14 years at Kings Park, which, while it is not a characteristic colony, has yet many of the features of the colony system, as Dr. Macy has stated. Then for the past year and a half I have been at the Long Island State Hospital in Brooklyn where there is one large main building as the main feature of the hospital. I must say that for the ordinary hospital situated not immedi-

ately within a city there is no question in my own mind about the very great desirability of the so-called cottage system, but where a hospital is located in, or very near, a large city, it seems hardly practicable to acquire the extent of land necessary to erect a hospital on cottage system and separate the buildings, as illustrated by Dr. Smith and as is the case at Willard. I believe that the cottage system is the ideal one, but I find that by modifications of the old style large buildings many of their objectionable features can be removed. The wards can be made of a reasonable size; plenty of opportunity for classification can be furnished, and by a suitably arranged dining-room system the evils which Dr. Elliott has referred to need not exist. I believe that a dining-room system for a large building can be arranged, so that the dining-room system may be centralized, but that we need not have the large congregate dining-room, containing 1,000 or 1,200 patients. You can have a group of dining-rooms, so that you can obtain all the classification that you would obtain in dining-rooms in the cottage system. So while I believe the cottage system is the ideal one, yet where the conditions make the large buildings the only available system, I think that the old disadvantages of large buildings can be greatly modified, if not almost entirely removed. It is not necessary that, as the phrase goes, the patients should all be "herded together." I think the phrase hardly does justice to the administration of many of the large building hospitals as they are now run. I fully agree with Dr. Elliott in this that the laying out of the land and of the buildings at Willard, is very much superior except in regard to economical management to the ideal arrangement which Dr. Smith has portrayed. I think that the hospital site should be selected where the ground is rolling, and where the whole hospital cannot be seen from any one point. I think that while the scheme of Dr. Smith is admirable, theoretically, I would prefer to see a hospital situated in a rolling country and everything not arranged with regularity. I would like to see a cottage here and there in a beautiful situation and without regard absolutely to regularity and equal distances of buildings from the power plant, and so on.

Dr. Howard: Wouldn't it be fair to assume that it might be somewhere in the Adirondacks, where everything is rolling? I do not think it is fair to assume that it would be so flat as it looks.

Dr. Krauss: May I ask how much ground it covers?

Mr. Chairman: Dr. Smith has worked it out and this is the first I have seen of the plan.

Dr. Dewing: In reply to what Dr. Howard has said, I do not know that it was quite fair for me to make any criticism of

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Dr. Smith's plans owing to the fact that I do not see him in the room.

Mr. Chairman: He can read what you said, Doctor.

Dr. Dewing: But what I have said is not in any unfriendly spirit at all. Considered as merely diagrammatic, his plan is an admirable one and could hardly be improved. In regard to Dr. Howard's humorous criticism of my remarks, I would say that it would be almost impossible to construct a hospital strictly in accordance with this diagrammatic plan in a broken country because architectural and building conditions have such weight that they would almost of necessity interfere with the working out of a plan of that kind.

Mr. Chairman: That was merely suggestive; his paper was a general one.

Dr. Dewing: I understand.

Dr. Wagner: Mr. Chairman, ladies and gentlemen — I have been very much interested in the paper read by Dr. Smith and in the discussions that we have heard. I was especially interested in Dr. Macy's account of the change that seems to have come in the last 20 years over the nature of insanity as we see it in our institutions. I remember very well something over 20 years ago when I entered the institution at Utica, the arrangement of which, I think, may be taken as diametrically the opposite of the plan Dr. Smith has outlined; I remember how our 600 patients were cared for in one large structure. They were very closely confined; when they went out of doors for exercise they went in small yards with tight board fences about 12 feet high around them, and there they roamed about in very close proximity with one another, more like wild animals than like human beings. I remember, as an incident, of that sort of care, that a young son of Dr. Gray, to whom Dr. Elliott alluded, found one of his principal sources of amusement in ensconcing himself in a window with a pea shooter and firing at the patients; that afforded him a great deal of pleasure until it was stopped. In those days the patients were very destructive; we had the old, typical veritable mad houses. A crash of glass was heard almost every moment somewhere about the place; the patients tore their clothing to pieces to a very great extent and smashed furniture. We saw many of them in camisoles, in the old belts and wristlets, and in the muffs, and at night in the "Utica crib," which was famous 20 years ago, and consisted of a bed made like a child's crib, only larger and stronger, in which the patient was put and then fastened down. You can imagine the feelings of a person under such conditions, left alone in this crib, where it was not possible for him to rise to his knees, locked in the room, and the attendant having gone his way, left a prey to all sorts of

fears. The result was that we had many suicides; at any rate I attribute some of the suicides in those days to the feeling that must have been prevalent among the patients that life was not worth living amidst such surroundings.

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Fourteen years ago I left Utica and went to Binghamton. We at once made an effort to get as far away from the old Utica system as possible and in the direction that Dr. Smith has outlined. We removed the guards from many of our windows; we had no fences to enclose our exercise grounds; we unlocked many of our doors, allowed a large percentage of our patients to go out freely about the grounds, and in place of heavy wire screens inside the windows in a number of our wards we placed window sash with single panes of glass. If you were to visit our institution to-day you would see a great many windows with single panes of glass, similar to the panes in this room, and you would observe that we can have windows arranged in this manner, and the fact that the breaking of one of them is a very unusual occurrence, is perhaps the most striking commentary upon the advance in our methods of treatment and the change in the character of our patients that we can cite. Dr. Smith's paper strikes me as being the nearest approach to an ideal exposition as the best plan of caring for the insane that I have ever heard or seen. It approximates to my mind the plan of a university; the fact that the buildings are grouped somewhat near each other, if the plan is properly carried out, seems to me is not objectionable at all. It affords convenience of administration, convenience and economy of operation, and in case of illness, physicians are always obtainable within a short space of time, and it covers in the most complete form the ideal institution that I can conceive of. It would not be possible in all probability to have a site that would enable you to have the exact uniformity that Dr. Smith has shown, but that would not be at all necessary. The valleys and hills that an ordinary landscape would exhibit seems to me would be in the interest of landscape gardening and of beauty and arrangement that would be highly desirable. I think that is all that I have to offer.

Mr. Chairman: The time is getting rather short for the continuation of this session, so before asking Dr. Smith to close the discussion I would like to say just a word or two. The objection that has been raised against the plan proposed by Dr. Smith seems to be very largely based on the fact that patients can see the other buildings. Now that does not appeal to me as an objection so far as the chronic insane are concerned; it is perfectly feasible to establish a cottage colony system in such a way that the acute cases can be separated entirely from the chronic insane. It is necessary with the increasing number of insane which the

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State has to provide for to have due regard for economy. We must meet the demands of the insane and their needs in as economical a way as possible, and you cannot do it if you are going to separate your buildings and have separate heating plants for each group of buildings and separate kitchens. It is possible to have a group of dining-rooms with one central kitchen. It is possible to have one heating plant for the largest portion of your buildings for the chronic insane. I believe that the cottage system or colony system — I prefer to term it cottage system rather than colony system — is the coming method of caring for the insane. You can start out with certain general principles and you can elaborate with especial regard to the needs of a particular community; you can arrange with reference to the ease of delivery of coal and supplies to your institution, and taking all these matters into consideration modify the plant to meet the needs.

Dr. Smith: I have tried to arrange a plan that would represent more a village where there would be nothing insane except the patients. I have classified the acute, convalescent and chronic in separate centers, then I have sub-classified them into cottages. The question of the buildings or centers being in sight of each other I fail to see any objection to. At Central Islip, where it is flat, from my house I can see every group and to me it seems more of a benefit than an objection. The patients are bound to meet more or less in going to and from their work, although we try to separate them and to classify them in occupations as well as in the matter of their abode. This plan is very regular and is open to changes to meet the conditions of the site, but the general arrangement could be carried out on most any site of a 1,000 acres. I feel I have been treated very kindly in the discussion and thank you very much.

Dr. Arthur: I want to suggest that a copy of those plans of Dr. Smith's be sent to every institution for the inspection of the board of managers.

Mr. Chairman: I do not see just what good that would do. Your buildings are erected.

Dr. Arthur: In order to give the boards of managers an idea of new plans of buildings throughout the State.

Mr. Chairman: There is no objection, only I cannot see just what value there would be. The suggestion can be carried out.

Mr. Chairman: Dr. Wagner is next on the program with his report on the hospital for tuberculosis. I think in my last interview with him he said that he had very little to say in addition to what he said at the last conference. It seems to me that this paper might go over until the next conference; the entire afternoon session will be needed for the very important subject of after-care of the insane, and we hope to have a free discussion

of that subject. I hope that not only the superintendents but the managers will pay strict attention to the paper and discussion. It is one direction which is open to us now for accomplishing a certain degree of good.

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Recess until 2 P. M.

AFTERNOON SESSION

Conference resumed at 2 P. M.

Mr. Chairman: Conference will please come to order. Are there any special matters to bring to the attention of the conference?

Dr. Pilgrim: I would like to present to the Commission for their consideration the report of the committee upon the reorganization of the medical service, in its approved form. The Chairman has consented to receive it without having it read.

To the Conference:

Gentlemen — The committee on reorganization of the medical service in the State hospitals has since the last conference corresponded with all the superintendents in regard to the various propositions which have previously been brought before the conference, but not fully discussed, and after weighing all the criticisms and suggestions it has decided to recommend that the Commission in Lunacy be requested to take steps to revise the present schedule of salaries and proposes the adoption of the following schedule:

Medical interne.....	\$ 600	Without hospital experience. No increase.
Medical interne,.....	1,000	With at least one year's continuous experience after graduation as a regularly appointed interne of a general hospital.

	Original Salary	At end of 5 years	10 years	15 years	20 years
Junior physician.....	\$1,200	No increase. Two years' service to be required before promotion to assistant physician.			
Assistant physician.....	\$1,500	\$1,650	\$1,800	\$1,950	\$2,100
Senior assistant physician..	1,800	1,980	2,060	2,240	2,420
First assistant physician...	2,200	2,420	2,640	2,860	3,080
Medical superintendent.....	3,500	3,850	4,200	4,550	4,900

All increases upon the 10 per cent basis are to date from the time of appointment as junior physician.

It is recommended that in putting the schedule in operation the salaries of the present medical officers be increased to correspond with the new schedule, the increase being allowed for the period of service since appointment as junior physician or grade corresponding to this position at the time of entrance to the service, and that provision be made to prevent the reduction of any salary below

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that received under the present schedule. The woman physician to be rated as in the present schedule with 20 per cent increase of present salary — the minimum being \$1,200 and the maximum \$1,800, with an annual increase of \$100.

This committee recommends in addition, that the senior assistants be allowed maintenance for their families, if married, upon the approval of the superintendent and the State Commission in Lunacy.

Also that there should be one position in the grade of senior physician, which is intended to take the place of the present classification of second assistant physician, in hospitals of 1,000 patients; two in hospitals of 1,500 to 2,500; three in hospitals of 2,500 to 3,500, etc.

The view presented in regard to the other matters referred to in previous reports varied so much that the committee has thought best to limit its final recommendations to the salary schedule only.

Respectfully submitted,

CHARLES W. PILGRIM

A. W. HURD

WM. R. RUSSELL

Committee

Mr. Chairman: The report will be received. If there is nothing else to come before the conference we will proceed to the regular order of business, which is the paper by Dr. Meyer on the "After-care of the insane."

THE PROBLEM OF "AFTER-CARE" AND THE ORGANIZATION OF SOCIETIES FOR THE PROPHYLAXIS OF MENTAL DISORDERS.

BY ADOLF MEYER

We are living in an era in which we realize to what a large extent man as an individual and society as a higher unit are responsible for their own making. We expect and demand steps which go at the core of things. It was, therefore, as natural as it was a great satisfaction that the question of after-care presented itself again, owing to the efforts of Miss Schuyler and the Charities Aid Association and the interest of our chairman and the committee of topics of this conference. Dr. Stedman, and the Committee of the Neurological Society in 1894, then again Dr. Stedman at the National Charities Conference, and Dr. Richard Dewey in an editorial in the *American Journal of Insanity*, in 1898, have sketched the historical development of the move-

ment abroad; and with the new revival of the question by Miss Schuyler, comes the welcome report of the first step of actual organization, in connection with the Willard State Hospital, through co-operation of the Charities Aid Association and the board of managers and the superintendent of the hospital. A circular sent out looks forward to the procuring of situations for recovered patients, and as most of the needy patients would probably be women, who could be employed at domestic service, this is not expected to meet with great difficulty. The step is also expected to do much good in the direction of the gradual enlightenment of public opinion on the subject of insanity.

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In 1898 I helped Dr. Dewey to get some material from friends who have for years done work in this direction in one of the nine cantonal organizations of Switzerland, and, ever since, I have paid attention to the question how the movement could best take practical shape, and how it could best combine with the broad question of responsibility of the community and of the hospitals, in the care and prophylaxis of mental disease. Considering the great interest in general improvements shown by the people of this country and the wealth of resources, and the number of philanthropic men and women, it seems remarkable that so many years of incubation should have preceded the actual initiation of a plan of after-care. There must be good reasons for this and an inquiry into them might possibly repay us better than a rehearsal of the literature and history of the movement which has been given so well in the earlier reports, and, for the English movement, in Miss Schuyler's recent statement. The replies to the circular letter of the committee of 1894 contain a few explanatory points, and others I owe to what I saw in Massachusetts, where Dr. Stedman's recommendations were discussed but met with little response on the part of the hospital with which I was connected.

The reasons given were that charities in the European sense were not called for; that the patients who are well enough could easily find employment and aimed to get away from all tutelage and, as far as possible, from any one who knew of their former connection with a hospital; that wholly friendless patients practically did not occur and that it was not wise to reduce the natural responsibility of relatives and friends by paternalism.

I must admit that at the time these objections rather baffled me, and when the matter occupied me again it tended to take a shape which might perhaps appear to make little of the after-care in the English sense, and which would see but a small point in the recommendation of securing support for one or two months after discharge, as was suggested by the committee of 1894, but which tends

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to make the most of an organization of the interested part of the public for the purpose of doing justice to the natural demands shown in our work; the prevention of relapses, the promotion of the work of the existing hospitals and of recoveries and, as far as possible, the spreading of a sound interest in prophylaxis.

I am firmly of the opinion that after-care can only thrive when the policy is charity in its broadest sense, that expressed by the term *Gemeinnützigkeit*, i. e., promotion of general (public) welfare. For a successful movement it is very necessary that there should be a harmonious co-operation between all the elements concerned, and that everything should be done to help the hospital physicians who are most intimately confronted with the great problem. To make their work more efficient and to allow it to take a more possible and more profitable shape must be one of the first steps of the movement.

In 1898 Dr. Stedman suggested that the neurologists would be more likely to be in closer touch with outside charity and influence than the alienist. It would seem in the first place that those actually in touch with the definite needs of the situation would find it easier to help. In smaller institutions the superintendent has often been personally acquainted with the community from which the patients come, no doubt greatly to the advantage of his efficiency. In larger institutions, a great deal has been done to give a more and more concrete form to the interests of the physicians in the families and environment of the patients. Through the demand of a thorough study of each case they are confronted over and over again with the need of accurate knowledge of the constellation in which the patient came to grief. This has quite naturally led to an attempt to visit the home or to have it visited by some one who knew what was wanted, and the results have been decidedly interesting. Contrary to what was expected the non-professional visitor who kindly co-operated with us, is received with uniform cordiality and confidence. The people appear just what they are, free from the constraint of the hospital; the environment can be sized up more adequately, and the family's desire to be politic which so often vitiates the account to the hospital physician is reduced considerably. A link is established of as much benefit to the patient as to the friends, especially where the visitor is able to see the patient too, and to bring reports, relieve doubts and fears and suspicions and to clear up misunderstandings. One of the great worries of the patients in a hospital for the insane is the uncertainty about the children and the condition of the family during their detention; and we have often found assurances to the patient by a relative outsider to be much more convincing than stereotyped assurances from those who have not

seen the conditions and cannot answer specific questions. It is also quite obvious that the family's doubts about matters of management would be ventilated in a more natural way than in conversation with the physician and could be handled better by a person not officially connected with the hospital but able to take an impartial view. Moreover, it would be possible to correct the frequently strained relations between relatives and the patient and to thus prepare a ground for a return, where, without such an effort, the relatives would give up to the foregone conclusion that they have done all they could.

More careful investigation has put us into a much more responsible position in the consideration of discharge wherever we had become thoroughly familiar with the environment. It has confronted us with an urgent need of co-operation with workers outside the hospital. The brain is above all things the social organ of man and dependent on the mental environment for its functional life. We should fail altogether to develop even the capacity of speech and thought in words and of many of our ordinary achievements had we not a chance to acquire them by imitation. It is, therefore, quite natural that in mental disorders and in the period of convalescence and of danger of relapse, we should regulate the mental diet, the environment, in addition to what we may be able to do for the organism. In all chronic diseases the physician realizes that to be successful with a patient one must have a chance to obtain the co-operation of the family; to get the patient away altogether is of course a convenient thing in order to give a good start, but what about the return to the conditions that have led to the failure before? The importance of this point is plain enough where we deal with alcoholism as the chief cause, as is the case in at least 20 per cent of our patients; there we deal eminently with a social evil which we all find extremely difficult to handle whether we have to deal with it from the point of view of criminal issues or police regulations or the health and prospects of entire families or actual alcoholic insanity. The hospital can enforce abstinence during the patient's residence; what will become of the patient on discharge is usually left to chance. Here an excellent opportunity opens itself to after-care. Hospitals for the insane ought to be in some way in close contact with all organizations that militate against *alcoholism*, so that patients might be referred to them since we know that company is the most important factor in keeping newly formed habits from yielding again to old tendencies. The same holds for many habit-disorders of another character,—especially the inability of many individuals to get adequate forms of *recreation and enjoyment* which might replace abnormal cravings or pre-occupations. For this we should have contact with clubs and with

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movements by no means exclusively looking out for persons who have been insane, nor even bodies that try especially to prevent insanity, but movements which bring together a wholesome environment for any individual in need of it. Many patients can be recommended to churches. In large cities we might appeal to settlements; in towns we might obtain means to open schoolhouses to public utility, to add to them a gymnasium, perhaps even with a bowling alley, and to make of them what Young Men's and Young Women's Christian Associations have achieved, for those who do not fit into the social stratum of these associations. The Salvation Army has shown the necessity of leadership from the same stratum of interests. We know that not all our patients would be eligible to the Young People's Christian Association, and that many would refuse to join them if they were acceptable; consequently we must see to it that the formation of substitutes is encouraged, all the more since it can be done with very little expense. Further, we should use the encouragement by interest. Even patients in tolerably satisfactory home surroundings profit from a few casual visits by one who has gained their respect and gratitude during the illness; timely advice and the mere feeling of responsibility carried by the realization that somebody takes an interest, has proven to have a decided influence in pulling former patients out of discontent, and the healthy members of the family out of a harmful attitude of suspicion of relapses and lack of confidence in the patient. Compared with all this the chief aim of the English system of after-care has a rather subordinated place with us. Our servants have different desires and opportunities from those abroad; there is less of that submissive spirit which accepts everything as a gift from above; and opportunities for work are much greater except perhaps for the poor middle class, when it has aspirations higher than actual efficiency. Many former patients prefer to take up their active life where nobody knows of their temporary illness. As many ex-patients as possible should be led to realize the responsibility of being straight and honest, and to take easier positions, possibly with the help of such agencies as Dr. T. C. Janeway and Mr. Devine propose for the slightly disabled. We have not a large number of really friendless individuals nor do we feel obliged to undermine the spirit of financial independence and the feeling of responsibility of what friends a patient may have. Where money is needed it can as a rule be obtained through local charities. Doctor Pilgrim in his letter in answer to the circular of 1894 pointed out that the superintendent has a right to give a patient clothing and money up to \$25.00 — "to defray his necessary expenses until he can reach his relatives or friends and find employment to earn his subsistence" — that is to say, an amount which can go a long way towards helping a patient on his feet.

The committee report of 1904 also considered convalescent homes. The English plan of securing a well-trying boarding place for a short period seems to adequately cover this point for the time being, at least. If real convalescent homes should be thought of, they should as much as possible co-operate with general hospitals and provide for an immediate intermingling with the healthy-minded. The report spoke of State convalescent homes as very desirable, but urged that the first reform should be the provision of separate hospital treatment of insanity in its early and active stage. This problem might well deserve a special discussion on another occasion. I should merely like to warn against the unfortunate effect of considering such far-reaching matters without due reference to the best policy of those engaged most actively in the work. The more I see of the work and needs of our State, the more I am convinced that the suggestion of creation of special convalescent homes for the insane, and also of special hospitals for the acute cases should develop out of the needs of the existing hospitals. Otherwise it will lead to a splitting of interests, and foster the prevailing pessimistic notions about our State hospitals, instead of leading to a recognition and encouragement of the excellent improvement in progress everywhere. If our hospitals were not in a position to do the best work for acute cases and convalescents we ought to help them to attain it, rather than distract public attention exclusively in other directions.*

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While this is a matter which need not concern us in to-day's discussion, I should draw your attention to a point referred to in Miss Clark's circular as a natural result of the work with outside organizations, namely, the correction of the "public delusions regarding insanity."

It is very discouraging to see that even physicians are woefully ignorant of what the hospitals are and of what to advise in cases of mental disease. The exclusive hospital care spoils the interest of the family practitioner whose training in psychiatry probably consisted at best in some instructions of how to get rid of these patients. I have repeatedly heard medical men say that a person once insane had best be killed as a hopeless wreck. Where the medical profession has such notions, the attitude of the public cannot be much better. How often have we not heard the question:

* I merely refer to the tenor of a physician's paper at the last State Conference of Charities as a sample of the corollaries of the psychopathic hospital idea with those who have no grasp on the whole problem. It accentuated a feeling of horror for the hospitals for the insane, for which there should be no cause to-day: a feeling which would be greatly increased if psychopathic wards in general hospitals and special provisions for "acute cases" did not define their purpose as one of co-operation with the existing hospitals. I never was as forcibly struck by this fact as when Mr. Odell, whom I met on one of his visits to a hospital, told me that he cordially advocated psychopathic hospitals and the concentration of the cases that could be cured, so that the State hospitals might be run more economically and would make less demands for all sorts of improvements—strong evidence for my plea that the nature and policy of such enterprises would deserve a special discussion.

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"Do they ever get well?"—in the face of the well justified statement that about 20 per cent of the cases admitted make a recovery which can be made permanent with proper care. Physicians and the public need more familiarity with the actual facts. It is painful to enumerate the evidences of indifference and ignorance. In the city of Buffalo there still is tolerated the preposterous usage of station-houses as the first place to which patients are brought, and in these subtle disorders, in our days of ambulances and nurses, the police are first appealed to as nursing corps. I am told that in New York there is an old rule according to which a policeman has to be present in the transportation of a patient and that Philadelphia demands that patients shall be handcuffed in transportation, even under supervision of a physician. There are excellent laws available but few able to advise the people of them. How many know of the possibility of emergency commitment—that in a case where the condition of "said person is such that it would be for his benefit to receive immediate care and treatment, or if he is dangerously insane so as to render it necessary for public safety that he be immediately confined, he shall be forthwith received by a State institution" * * * "upon a certificate of lunacy executed by two medical examiners and the petitioner to apply to a court for an order of commitment?" How many physicians and other persons in New York know that the Manhattan State Hospital has an ambulance and can receive patients without police aid and without the intermediary of Bellevue? In all this the hospital needs co-operation with an organized public and we now ask who shall be the visitors and kindly helpers co-operating with us? The plan proposed, at Willard does justice to a number of very important points. In the first place the authorities of the hospitals should determine the policy in order to secure the smoothest possible co-operation, and because they should be familiar with all the facts in order to do the State's duty efficiently. It is well that they should turn to the members of the broadest organization of interest in public welfare—our Charities Aid Association and to its well-tried members, the Charities Organization Society and similar bodies. Through them it should be possible to draw within the range of co-operation public spirited, intelligent persons of the community, physicians and their wives, especially medical examiners in lunacy, clergymen, leaders of settlements, people practically interested in sociological and educational problems, leaders in the practical management of the alcohol problem, leaders in the movement for a "society of moral and sanitary prophylaxis," leaders of the movements of prophylaxis against suicide, and leaders in the various clubs with interest in public hygiene. I repeat that we need as much contact as possible

with those who are *leaders among the healthy*, since we want to see our patients assimilated as rapidly as possible by the most healthy and rational environment to which they might be suited. The experience of judges in dealing with social strata which are not often reached by other organizations, churches, etc., will possibly be very valuable.

To find these people, to organize them into an organization for prophylaxis of mental disorders, to make it drive strong roots in a fertile soil, by starting it first on the very direct and concrete problem of after-care and prevention of relapses, to keep accessible a directory to helpful persons and to resources of help in the struggle of life and in a wholesome existence, is indeed a wonderful opportunity for one of the members of each board of managers. Committees of a local nature should be organized; one of the members to be the local secretary and a local center of information. In my home canton there is hardly a village that is not represented by one or more persons. Funds must be made available from private sources to contribute to the support of agencies and perhaps here and there to the employment of some efficient former nurses or other persons who would not be able, without some remuneration, to devote their talents to the task for which they are fitted by instinct and training. A small annual fee of not more than a dollar should defray part of the expense of publications and correspondence.

The share of the hospital in this movement will be to help the members of the organization become familiar with the hospitals and with what the State is in a position to do through them, and to keep a list of persons and organizations that might be willing to co-operate in the various localities. They will also encourage the members to get a direct acquaintance with what is, unfortunately, relegated to the domain of guessing and surmising, when hospitals are too much walled off from the community, and frequently inaccessible, much to their disadvantage and to that of the public.

To get a knowledge of conditions to the people who ought to have it, I suggested some years ago the printing of a pamphlet giving all the desirable information and explaining especially the topics of frequent misunderstandings. This could appropriately be done either by the individual hospital or by the State. Through the medium of Charities and the Commons, and annual reports of the work, there would be plenty of opportunity to spread a knowledge of further experiences which no doubt will come to all those who take an active part in the movement described. The publication of a pamphlet containing the committee report of 1894, and the papers of Dr. Stedman and Dr. Dewey and Miss Schuyler,

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and such a pamphlet as that of Dr. Clara Barrus, would be a useful introduction of the problem to the public.

This movement, with the suggestion of Dr. Mabon in the direction of creating out-patient departments in connection with the State hospitals, would very quickly pass the experimental stage. Within our work on Ward's Island it is doing so. It is becoming a necessity as the report of Miss Clark will show. And wherever it will be tried judiciously, it will bring ample rewards for the work demanded in its organization.

Mr. Chairman: The paper by Dr. Meyer is very suggestive, and there is lots of food for thought in it. The matter of the after-care of the insane is one that we will have to face, and we might as well face it now as next year or the year after next or the year after that, but whatever we do and whenever we undertake the work we should have a pretty clear idea of what is comprehended by it. It seems to me that the discussion of this paper of Dr. Meyer's should be made as free and extensive as possible. Mrs. Acker has agreed to open this discussion, to be followed by Dr. Elliott, of the Willard State Hospital, after which we should like to have an expression of opinion from as many of the superintendents and managers or representatives of the State Charities Aid Association, as wish to be heard on the subject.

REMARKS OF MRS. ACKER

I have a very attractive friend in Hornellsville, who is a teacher in our public schools, and a little daughter of another friend became her pupil last September. After school had been opened for two or three days I met the little girl on the street, and said "Ruth, how do you like your teacher?" "I like her," she said, "and I just love to listen to her, but she talks about units, units, units, and I wish I knew what they were!" Now except for a few months of experience upon the Willard board of managers, I think that I fairly represent a large class of people who are exceedingly interested in units, without a very valuable working knowledge of what they are, and probably for that very reason, I have the privilege of saying here, how much I have appreciated the very full and comprehensive paper on after-care by Dr. Meyer, and of speaking a little further upon some points which his paper has suggested. For of course I could not hope to bring anything of value to the discussion of a question like this, which has both a medical and a philanthropic side, upon one or the other of which everyone of you here is an expert, except as I represent the average person whose co-operation is nevertheless of importance in this matter; and so I can hold up to you the viewpoint of an average person

for your examination, and, if you will be so helpful, for your possible criticism. I notice that Dr. Meyer in taking up this subject grasped it, as every thing which is to be conquered should be grasped, by the head or working end, and so I will try to do the same. It requires self-restraint, however, not to dwell somewhat on the importance and the difficulty of this work of after-care, or re-establishing in active life those who for no fault of their own have been for a long time withdrawn from it; those who are victims of their own misfortune and of the world's prejudice and indifference. And I am inclined to dwell also with special gratification upon the awakening of conscience in this matter, as shown by the amount of literature on after-care which has been, of course, as accessible to you as to me, and to which, therefore, I need not refer. This awakening of conscience was needed it seems to me, when we learn that in every state in the Union there are one or more organizations for aiding the convalescent from both physical and moral disease and not one for the after-care of those who have been mentally ill, and who are regarded with even greater suspicion than is the criminal. Following these steps in my thoughts, I am finally brought back to the working end of the problem, and face to face with the question: What can I do, or since I represent the average person, what can we do about it? In my individual case the answer to this question was almost coincident with the question itself, for in my early reading concerning the condition of the dependent insane, one of the first things I noted was that the fourth duty of the committee on insane of the State Charities Aid Association was "to inaugurate and maintain for convalescents leaving hospitals who may be friendless, a system of after-care whereby they may be strengthened in health, protected and cared for, until able to support themselves." I found that while this duty had never been actively exercised, nevertheless Miss Schuyler was then in England and was investigating the matter, and I was grateful to learn that there were those who were wiser and more experienced than I who were preparing to answer my question; and I am especially interested in the development of the plan as Dr. Meyer has given it to us. In outlining the possible policy of some system of after-care, I noticed that Dr. Meyer wisely passed by the original objections which met the suggestion of the plan about 10 years ago. There were two of those objections, however, which particularly appealed to me, inasmuch as I am sure to meet them at the first step in my end of the work,—that to be done by the average person,—which must be, of course, as Dr. Meyer has suggested, the combatting of popular prejudice. The first one is that anyone who wants to work can work. Now we all know that that is a popular fallacy and it is not necessary to sit through

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the sessions of the conference of charities and correction to know it. Nevertheless those of the dependent insane who go out from our hospitals must work to support themselves as the public welfare demands. It seems to me that while we need not dwell upon the fact that they are apt to be peculiar in their personal appearance and possibly have such weakness of judgment and temper as would not commend them to possible employers, yet we must admit that they themselves realize this, and would be likely to linger as long as they may within the hospital walls; unfit to stay and unfit to go, and taxing to the utmost, perhaps, when they do go, their own resources and those of their friends before appealing to any organizations that now exist. I do not believe in a multiplication of organizations, but it seems to me that these special needs require some special organization like the one we contemplate. Another objection that Dr. Meyer has referred to is the statement that there are no really friendless people. I am very glad Dr. Meyer has made his plan broad enough to cover the friendless as we define the term. There are many men who have relatives or former companions to whom they may go for a time, but no friends in the sense of those who can control material aid, or be of assistance to them in overcoming conditions which may have caused their original shipwreck. These two objections will have to be met at once.

I am in hearty accord — and I am sure I can speak for the Willard board of managers, and possibly for others — with Dr. Meyer in his very full and complete suggestions in regard to visitation. I think that the matter of visitation and the oversight of those who have homes of a sort and who possibly have occupation of a sort, may prove to be not only the most evident but the most important requirement of after-care. But in the very little work which we of the Willard board have attempted to do or have talked of doing, — and about which Dr. Meyer perhaps has spoken more kindly than he ought, given it more value than it deserves, — we could not contemplate the wider workings of after-care, but we agreed that whatever was done must be done at first along the most simple lines, lines even simpler than those of the English after-care, and that it would include scarcely more than the oversight of clothing and the money which the State would grant, assistance in finding positions, and some little oversight after they had secured such positions. I noticed that Dr. Meyer said that this would be easy! Well, I hope that the finding of positions would be easy, but we certainly would have to meet with a great deal of prejudice and misapprehension on the part of would-be employers, and I have been thinking how we could meet this prejudice and this misapprehension, and some arguments have occurred to me which might be available. I am going to speak now to the newly

appointed managers who may be present,— I wish there were more of them,— and the rest of you can take a nap perhaps, as I know the august gentlemen who occupy this room sometimes do when young lawyers are expounding to them the law they themselves have made, for I am going to quote some statistics which you yourselves have made, and which appeal to my average mind. Of the 3,000 women admitted to State hospitals in 1903–1904 the cause of insanity was diagnosed definitely in 2,000 cases, and of those 2,000, 837 had become insane from causes that seemed to my average mind as reasonably curable, and which we need not expect to relapse if once pronounced cured by expert physicians. For instance, I should **not** expect a relapse in the case of a person who had become insane from certain moral causes, loss, shock, religious excitement or love affairs, from overwork and privation, or some of the other abnormal physical conditions that might be temporary, and I should expect that once cured such people could remain cured. I notice further that of the 733 discharged as cured from the State hospitals in that same period, 1903–1904, a large proportion, 233, had been insane but a month at the outside before they were placed in the hospital, where they had expert medical care, and a still larger proportion, 252 of the 733 had been cured under expert medical care in less than six months. I noticed that of the 8,000 women discharged cured since 1888 the larger proportion of them, 2,600 I think, were between the ages of 20 and 30, and 2,200 between the ages of 30 and 40, and so I thought that in view of these facts we could say to would-be employers that there was nothing unusual in the absolute cure of insanity, especially when it has been temporary, as it is largely, and certainly has been in the case of those we are requesting you,— the would-be employers,— to take into your employ; moreover, you notice that we are only asking you to take those who have youth enough and strength enough to be on the fighting line, that you may avail yourselves of their energy which may thus be added to the sum total of social capacity. I do not know the exact figures, or whether it is true in this country as in England, that 17 per cent of the admissions to hospitals are re-admissions caused by relapse, but if it is true, it seems to me that that fact is distinctly humiliating, and that in large part it might be corrected by the timely proffer of a helping hand. Money already spent in their cure would be safe-guarded, and it seems to me that such an argument ought to appeal to the hardest hearts and heads. Of course no one person alone can hope to affect the conscience or sense of expediency of any locality, and so I was especially pleased with Dr. Meyer's suggestion that medical examiners and physicians should be interested to help reassure those whom they might indi-

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vidually influence. Two of the broadest minded physicians have already become very much interested in the work, and promised their aid in every possible way if perchance the after-care system should ever penetrate to Hornellsville. I said, a moment since, that I thought the arguments I deduced from your statistics might be available, and I believe it because I have used them. Sometime since, I called together nine representative housekeepers in Hornellsville, and laid the matter of after-care before them. Four of the nine said that they would take into their homes the persons discharged from hospitals who were said to be cured by the physicians. Two of them said this from ordinary motives, and two of them because they wished to be charitable; two of the others said they would employ such persons after six months, one hesitated and two said they would not have them under any circumstances. But it seems to me that the proportion of those who were reasonable in the matter was encouraging. In discussing the matter with them it was agreed that it would not be wise to announce, as is done in England, that these domestics had been mentally ill and had recovered, but to mention the fact only to their employers; for our servants are very differently situated from those in England; there are not so many in one house, and they are a great deal more likely to be lonely, especially if those who might become their associates should hold aloof from them because of distrust and prejudice. That led me to consider the advisability of placing them possibly in some other occupation than domestic service, and so I consulted four mill owners in Hornellsville — where are employed between 1,000 and 1,500 women and girls in silk mills and mills for the manufacture of underwear. One of the mill owners listened to me with courtesy but said that he would not have anyone who had been insane in his employ under any conditions nor after any lapse of time. Two of them were entirely broad-minded, and said that they would take directly into their employ from the State hospitals, any women whom the physicians guaranteed as cured, and while they did not think it would be wise for their companion workers to know they had been insane, they could promise them if they should need it, their sympathy and that of their fellow operatives. One of the four I did not see, but I know his temperament and I feel reasonably sure of his attitude if properly approached. I think there again the proportion of those who were reasonable and could be looked to for assistance in this matter of after-care was very encouraging indeed.

How many people there are discharged cured from our State hospitals who would be benefited by this after-care I of course do not know; I fancy it would differ very much in different hospitals, but that there should be any hospital where there would

be none I can hardly imagine. I have an idea that at Willard the conditions are rather peculiar, and I thought that rather than transmit to you the statistics it would be more satisfactory for you to hear directly from Dr. Elliott, and I hope you will give him an opportunity to tell us what the conditions at Willard are. As to the exact method of establishing an organization of the kind under discussion that question is not yet, as you know, settled. We had a slight sketch of a plan suggested to us of the Willard board, but it was very sketchy, and as it developed it was modified, so as we have here representatives from the State Charities Aid Association who are experts in social work, would it not be well to hear from them on this point. One important thing it seems to me would necessarily be appropriate in any system of after-care, and that is the careful preservation of an official relationship between those extending and those receiving its benefits. I have an idea that any man or woman who needs our care after discharge from an insane hospital does not so much wish us to be kind as that we should stand in the relation of experts who would help them to fight their own battles. Any organization of State hospital officials, and others associated with them, would be regarded in their official relationship, and their help could be freely accepted without loss of self-respect.

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Of course it is a great deal easier to ignore difficult conditions outside the hospital walls while we give aid only to the helpless within those walls (but I am sure that none of the boards of managers desire to be found industriously busy doing easy things while the hard things go undone) — (moreover we all know what a temptation it is to be very patient with bad conditions which are difficult to correct). In the middle ages the insane were canonized as saints, burned as heretics, or hung as criminals, according to the form of their insanity, and they became, later, the sport of mocking throngs, but there never has been a time when some hearts have not been touched by their misfortunes; and so it has come about that in this age they receive, without cost, the most expert medical aid; in most countries they have also, to some extent, the advantage of after-care. It will never do for New York state to be the last to round out to full completion the protection of her dependent insane.

Dr. Elliott: It seems to me that I am coming in for more than my share in the discussions of this conference, and would like to explain that it is the fault of Mrs. Acker and the committee on topics. I am afraid, too, that Dr. Meyer has given a wrong impression regarding my activities at Willard. I have done nothing in this matter except to answer as best I could some questions which Mrs. Acker asked me, and had an informal conversation

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with her on the subject. In fact I was not aware that any definite step had been taken in connection with any system of after-care in the Willard district. I have had an opportunity to learn something about the system of after-care which prevails in England, which is confined exclusively to those patients who have recovered but who have no friends and no home to go to, and this after-care society endeavors to find positions for that class of cases. The impression which I received from Dr. Meyer's paper was that he embraces the whole question of the after-care of everyone who is discharged from the hospitals for the insane; I am not aware, however, that that is the intention at present of the proposed organization in this State. I have received the impression that it is to be organized on a similar basis to that which is now in operation in England. I realize, of course, the importance of after-care for all cases discharged from the hospitals for the insane, but that is a very large proposition. I am unable to say that the necessity exists in this State, or in any other state in this country, for after-care in the sense that it exists in England for the reasons which Dr. Meyer referred to, and which have been given by others who have discussed this subject in former years. In the first place there is not the poverty here that there is in England. It is difficult over there for people who have friends to obtain employment. The servant girl problem does not exist there in the sense that it does in this country; it is not difficult to obtain domestic servants in that country. My belief, based on my own experience, is that whatever field there may be for work of this sort in this State it is confined more especially to the large centers and to the large cities, especially New York and Brooklyn. I know that during the nine years that I was connected with the Brooklyn State Hospital we had some cases of this class. They were, in almost every instance, domestics; the majority of them were of foreign birth and had immigrated to this country, having come to us with acute insanity and recovered, but not having any relatives or friends were practically unknown, and it became necessary to do something because we had no right to keep them in the institution. The work of finding places for them devolved very largely upon myself. I cannot say definitely how many cases in all came under my observation, but there may have been about 15 in the nine years of my service there, not a very large number. Since Mrs. Acker manifested her interest in this subject at Willard, I have taken the pains to make a very careful investigation there to find if we had any patients who belonged to the class which we are discussing, who might be considered recovered, but who had no homes, no relatives, and no friends to take an interest in them, and I have been able to find two cases which might

possibly be considered recovered. Sometimes it is a very difficult matter to say when a person has recovered, and whether that person is going to get along outside of the hospital; patients may get along very well in the hospital, but we do not know how they are going to get along outside until they are tried. We all know, at least all superintendents know very well, that in every State hospital there are a certain number of patients whom we call parole patients, who manifest no active symptoms of insanity, who employ themselves in the various industrial departments; some of them are as valuable almost to the institution as paid employees; patients who are perfectly willing and who prefer to remain in the hospital, and if urged to leave would decline if they could have their own way. I know that there were such patients at Rochester in former years, and I have no doubt there are now; we had them in Flatbush, and we have them at Willard. Sometimes these patients ask for a leave of absence to go away for a whole day, or several days to some distant point, but do not want to leave the hospital permanently, and very likely would not be able to support themselves if they did leave the hospital, and yet the casual observer might wonder why they are there. I think that condition is found in every institution for the insane. Just to what extent an after-care association might be able to benefit such cases is a question. We have another class of patients in our hospitals whose mental disorder is of a very mild nature, chronic cases, who have been there for years; they make no trouble, but would be unable to support themselves outside, and if they had homes or relatives to look after them a little, they could just as well be cared for at home as in the hospital. There are a considerable number of that class of patients to be found in all of our institutions, but it does not seem to me practicable for an after-care society to undertake the care of this class unless they have the necessary funds at their disposal. That brings up the question of the boarding-out system which is in vogue in the majority of European countries, and is very highly praised there. It is in practice in the state of Massachusetts to a limited extent, where I think there are something like 200 patients who are boarded out at public expense. Of course, we all realize, and have for a long time, the importance of prophylaxis. It is safe to say that 25 per cent of the insane become so from causes which are entirely preventable. I think we appreciate that very fully, and it has been the subject of a great deal of discussion of late. With respect to Mrs. Acker's statement regarding the number of readmissions to the hospitals which she thought reflected upon the State, and which she took to be an indication for the need of an after-care society, of course, we physicians un-

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derstand that there is a form of insanity which makes up a considerable proportion of our insane population which is characterized by periodical relapses, relapses that will occur in spite of any system of after-care, which should be considered in discussing these readmissions. We cannot expect those outside of the medical profession to understand that phase of the subject, and for this reason it seems pertinent to refer to it here. I can only say in conclusion, that I shall be very glad to co-operate with the State Charities Aid Association in any way that I can in the scheme for after-care.

Mr. Chairman: I might say in connection with the subject of after-care that I think it might be well for the managers and the members of the State Charities Aid Association to know that, under a recent ruling of the Commission, the parole of patients has been extended. Formerly a patient could be paroled for 30 days, but unless the patient was returned to the institution before the expiration of that time the patient would have to be discharged. Now some institutions made a great deal of use of the parole system while others made hardly any use of it. Very often if a patient lived 100 or 200 miles from an institution it was a hardship to have that patient returned for a few hours to be placed nominally under the control of the institution and then have the parole renewed, so the Commission decided that if the patient should make an application to the institution for an extension of parole, and this was signed or approved by a member of the family or by the person at whose house the patient might be staying, the superintendent could then recommend it to the Commission, and the parole could be extended. It went through that formula to meet legal conditions, but that there might be no delay at this end the Commission by resolution decided that the secretary of the Commission could act for it in its absence. Now if a patient goes out of an institution for the insane, one for instance, who has been an alcoholic, or who came from a poverty-stricken family, and about whose condition there was grave doubt as to whether or not he would relapse, if there were someone, a physician, for instance, in the community, or if there were a friend in that community, someone in authority, or someone who had the right spirit, who could advise the institution concerning any change in his condition indicating a relapse, the patient could then be returned at once to the institution before the disease had again become thoroughly re-established; in other words, that if there was some outside organization which had a direct relationship with the institution itself and to whom the superintendent of the institution could write upon the discharge of such patient, giving him advice and suggesting what oversight he required, much could be done to safe-

guard his interests, and I believe it can only be done through such an organization as has been spoken of here to-day. There are two or three fundamental things which a patient requires upon discharge from a hospital for the insane. He wants to be assured of getting nutritious, wholesome food, but there should be someone to see to it for the first month or so that he obtains it; he should be assured of regular hours of living, a comfortable place to sleep, freedom from the use of alcohol and the temptation for using alcohol. His companionship and associations should be safeguarded for that length of time, and this again, it appears to me, can only be done through measures like those mentioned to-day. I know that every superintendent here is deeply interested in this subject, and is willing and anxious to do what can be done to prevent the relapse of those who have been discharged from the institutions, and I hope that they will feel free to express themselves.

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Dr. Pilgrim: Mr. President, ladies and gentlemen.—I am a firm believer in after-care. Several years ago, as Miss Schuyler knows, we made a slight attempt to inaugurate an after-care system at Poughkeepsie. Miss Avery, one of our managers at that time, entered into the subject with a great deal of interest, and was making fair progress when cold water was thrown upon her efforts and she consequently became discouraged, and since that time we have done nothing. During my experience I have had several cases in mind which would have been distinctly benefited by after-care. I can recall at least three or four cases, within the last few years which, I think, would have gone on to complete recovery, instead of relapsing as they did, if we had had some after-care society or association to look after them; and, believing that there is a distinct field for this work, I should like to offer the following resolution:

Resolved, That in the opinion of this conference it is desirable that there shall be established in this State, through private philanthropy, a system for providing temporary assistance and friendly aid and counsel for poor persons discharged, recovered, from State hospitals for the insane, otherwise known as after-care for the insane.

Mr. Chairman: Before this resolution is seconded, it seems to me best to get an expression of opinion, and perhaps Miss Clark would like to have an opportunity to speak.

REMARKS OF MISS CLARK

With a view to getting some information as to the number of patients discharged recovered from State hospitals who would be benefited by some outside assistance, the Association decided to make an investigation of the present condition and circumstances

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of such patients discharged from the Manhattan State Hospital in recent months. The list of patients discharged cured for the three and a half months from October 1, 1905, to January 15, 1906, showed a total of 90, of whom 48 were men and 42 women. For the investigation of these cases the Association was able to secure the services of two students in the School of Philanthropy, both trained nurses, one formerly the superintendent of a general hospital in Florida, and one a graduate of the Massachusetts General Hospital and the McLean Hospital Schools. These nurses were very well received by the former patients and their friends, who talked very freely with them and seemed gratified at the interest shown. It should be mentioned in this connection that all the former patients and their friends seen by the nurses expressed the highest appreciation of the care received at the hospital, and in no case was there any adverse criticism. This seems an interesting evidence of the dissemination of proper ideas regarding the care and treatment afforded by our State hospitals through the expression of the opinion of former patients to their friends and relatives.

In order to avoid unnecessary confusion the cases of the men and women will be taken up separately. Of the 42 women discharged cured, from October 1st to January 15th, detailed reports of 32 have been received, the remaining 10 are accounted for as follows:

An Austrian woman, age 37 years, an alcoholic case, who had been in the hospital about one year, but having no friends, was discharged to herself and given five dollars.

A French woman, aged 37 years, an alcoholic case, who had been in the hospital about one year, was discharged to the Department of Public Charities; she was to have been sent to the New York City Home for the Aged and Infirm, temporarily, but she left the office without the knowledge or permission of the officials and has not been traced.

Four women were discharged to relatives or friends in Newark, Belleville, Hoboken and Irvington, respectively. Letters of inquiry were written to the relatives or friends, January 23d, but no replies have been received as yet. The four remaining cases were not found, nor could any information be secured regarding them at the addresses given.

Of the 32 cases regarding whom fairly complete information was secured, the following statistics are offered:

The occupations were as follows:

Housewife or housework, 26; dressmaker, 1; shop worker, 1; clerk, 1; candy packer, 1; typewriter, 1. Civil condition: 18 single, 13 married, 1 widowed.

Discharged in care of husband, 10; relatives, 16; friends, 6; 18 were found at the address to which they were discharged and

14 other addresses; 13 were found to be employed at other occupations than housework in their own homes. Apparently, no difficulty had been experienced by those who had endeavored to find employment. In three cases the employment secured proved too hard, and in two of these cases the patient is not now working, while in the third another and easier position was secured. The sanitary condition of the homes where patients were found are classified as follows: Very good, 2; good, 18; fair, 1; bad, 1. Information was also secured regarding the number of persons in the family, their relation to the patient, whether others occupied the same room with the patient; whether patient has formed any social or religious connections outside the home, etc., but the information secured in this way cannot easily be tabulated.

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It was found that of the 32 patients, 25 had continued to improve since their discharge, one said to be about the same, one was dying of heart disease under suitable medical attention, and five were considered to be relapsing. The cases of these five patients are sufficiently interesting to justify a more detailed account of the circumstances under which they were found, but for lack of time they cannot be described individually.

Of the 48 men discharged recovered from October 1st to January 15th, reports of 27 have been received. The remaining 21 are accounted for as follows:

Seven were discharged to themselves, and either sent out of the city, or no address is furnished. Two were discharged to friends out of town.

Three were discharged to the Department of Public Charities, of whom one is now in the Incurable Hospital on Blackwell's Island; one was sent to his home in Paterson, N. J., and one was allowed to go to friends in the Bronx.

The remaining nine were not found at the addresses given; nor could any information about them be secured at these addresses.

Of the 27, regarding whom reports have been received, the following statistics are presented. Their occupations were: laborers, 7; clerks, 4; waiters, 2; tailors, 4; porters, 2; painter, 1; errand boy, 1; driver, 1; upholsterer, 1; elevator man, 1; news-dealer, 1; furrier, 1; hotel houseman, 1.

Their civil condition was: 16 single, 10 married, and 1 divorced. Eight were discharged to their wives, 15 to relatives, 2 to friends, and 2 to themselves; 13 were found to be at the address given by the hospital, and 14 were found to be elsewhere.

Seventeen are reported as employed; nine as not now employed, and one case not known. In most cases very little difficulty seems to have been found in securing employment. Employment was secured in some cases through friends; in others through application

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to a former employer, and others through answering advertisements, or making a personal application at business places, and in most cases employment was secured within a short time after discharge. Only three patients were found to have changed their employment, and in these cases the change seems to have been in the line of betterment. Of the nine who are not employed, several have not yet made an effort to secure employment. One is temporarily laid off, but expects to return to work at the beginning of the season, and in only two cases is it found that the patient has tried in vain to secure a position. Both of these cases have relapsed, largely because of this difficulty.

The sanitary condition of the homes is given as follows: Very good, 1; good, 13; fair, 7; poor, 1; bad, 3; unknown, 2. In 20 cases the patient has continued to improve since discharged, and in seven cases patients have not improved, or have relapsed. The description of these seven cases offer many items of interest; but it would take too much time to give details regarding them. Suffice it to say that these investigations would seem to indicate that about one-fourth of the men and about one-fifth of the women discharged would have been benefited by some outside assistance at the time of their discharge and subsequently, and largely because of the lack of such assistance, are in danger of a relapse and in some cases have already relapsed. It would seem probable that a still larger proportion of the 30 patients not located by the investigation would, if found, have proven to be cases where friendly advice and assistance would have been beneficial.

Mrs. Ely: I have been very much interested in this discussion of after-care for the insane, and I desire to express the sympathy of the Binghamton State Hospital board in this work, and also their willingness to co-operate in its establishment so far as it may be practicable.

Dr. Hutchings: There is one feature of this work that I have not yet heard referred to, and that is the possibility of improving the condition of our discharged patients by finding for them different work than that to which they have always been accustomed. I recall the case of one young woman who was transferred from the Stony Wold Sanatorium by reason of an attack of insanity supervening upon tuberculosis for which she was there being treated; after several months she apparently recovered both from her tuberculosis and insanity. She had followed a very unhygienic calling, and I was anxious to secure for her an occupation which would promote her general health, but living in a distant city where I was unacquainted I was able to do nothing except advise, and I do not know whether she succeeded in finding a better occupation or not. Then we have a large number of patients, usually men, who are alcoholics, perhaps bartenders or workers around

hotels or where they are constantly exposed to the temptation to drink. Now if we had some way to find employment for them as farmers, or at out-of-door or manual labor which would pay them as well or nearly as well, which would remove them from the great temptation to drink, the chances are that many of those who now relapse would not do so. I know of a number of instances where patients in the hospitals have learned trades and have gone out and secured different employment than formerly at better wages than they were able to obtain before they were insane. I have in mind a number of such cases, and I think such an organization as we have in mind could accomplish a great deal by a little oversight and a little help here and there, which would take little time, and I am sure that it would accomplish a great deal of good in the aggregate for many of our patients.

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Dr. Wagner: I would like to express my appreciation of the admirable paper by Dr. Meyer and my sympathy with the cause outlined by him and by Mrs. Acker, and I would also like to second the resolution by Dr. Pilgrim, which has been offered for the approval of the conference.

Dr. Meyer: Will you please allow the suggestion that the word "poor" might be omitted from the resolution, because we are not only confronted with poverty as it is usually understood, but poverty of intention and poverty of knowledge, and that might not be included under the term, if it is used at all.

Dr. Pilgrim stated that he would accept the amendment.

Dr. Macy: Would the substitution of the word "friendless" or "indigent" be more satisfactory?

Dr. Meyer: If any word is needed, we might use the non-committal expression "needy."

Mr. Chairman: It conveys the same meaning.

Dr. Meyer: If I may argue, it seems to me that experience has shown—and experience should decide—that the families to which the health of patients has been entrusted, are apt to profit much from contact of a more or less informal character, without financial issues being touched at all. Some of the financially, sufficiently independent were just the families which might have fostered a relapse if special care had not been taken. Consequently I think I speak rather advisedly in favor of the omission of all reference to the financial status, and would leave it to the persons attempting the movement to use their judgment in this somewhat difficult problem.

Mr. Folks: I think the word "needy" is not a bad word.

Dr. Pilgrim: That would be acceptable.

Mr. Chairman: Is there any further discussion before putting the motion on the resolution as amended, to leave out the word "poor"?

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Mr. Folks: This resolution, if adopted, would point out to those whom it might be necessary to interest financially the class of persons they are being asked to aid. This resolution would be desirable in seeking that private philanthropy, that we must have, both for material aid and for voluntary assistance. They might naturally raise the question as whether we proposed to extend this assistance to pay patients, and I think the word "needy" would be desirable in the resolution having in mind the purposes for which it would naturally be used.

Mr. Chairman: It will have to be along rather restricted lines at first; we will have to feel our way. I believe there should be some adjective as to the class of patients who are to receive aid or assistance, and also to be of assistance in getting the funds to carry on the work, and inasmuch as this is simply for the information of the conference, it does not seem that outsiders are going to circulate it around among the patients, and we are not going to the patients and say that we have adopted this resolution.

Dr. Wagner: I move that the resolution be amended by substituting the word "needy" for the word "poor."

Seconded by Dr. Hutchings, and the resolution as amended was adopted.

Mr. Chairman: Now it seems to me that inasmuch as we have committed ourselves to the principles of the after-care of the insane, and that it shall be carried out through private philanthropy, we might receive some suggestion from Mr. Folks.

Mr. Folks: Mr. Chairman, ladies and gentlemen.—As I have listened to the papers and discussions this afternoon it has seemed to me that we should regard this movement for after-care, as it appears to me to be, as a natural development of all the different kinds of public charity. We have had for many years various classes of State institutions and of county institutions, but only very recently have we quite appreciated, as a community and as institutions, that each one of these may have failed to accomplish the particular thing it was established to accomplish, unless particular pains are taken in regard to the admission of its beneficiaries, and especially, subsequently, to their readjustment to the community. We have had three or four reformatories for wayward children, but year after year we have gone on returning boys and girls who have been given training and discipline, to the very surroundings which produced their original need of discipline, with the result that very many of them indeed have returned to those institutions or to penal institutions. Only very lately have we established and organized an adequate system of parole and supervision whereby the benefits of these institutions are conserved through the subsequent oversight of their discharged inmates. We

have established hospitals for consumptives, and we have succeeded in improving or curing a good many, indeed, but then we have permitted them to return to the very same conditions of life or the very same employment, to unsanitary conditions or unduly severe work, with the result that they have very soon returned and often in the last stages of the disease.

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Now it seems to me we are waking up to the fact that our institutions are after all only one incident in the treatment, that the community as a whole must give to those of its members who need assistance; to give this one thing and then to drop them is to very imperfectly, very inadequately, accomplish the humane objects of our system of public charity and aid; and this, I think, is particularly true of the hospitals for the insane. If we are to conserve the benefits which they bestow upon patients, if we are to make permanent, or as permanent as we can, the improvement they secure we must see to it that the patients are subsequently adjusted to the community, reinstated in the community in such a fashion that the causes that produced their insanity are not immediately operating in full force again. It seems to me, therefore, that it is a natural thing at this time that once more the question of after-care of the insane should be taken up. I think it should apply only to cured cases at first, and perhaps always. I think great difficulties would arise if it were attempted to apply it to those discharged as improved or for other reasons except that they are recovered, but I do not think at all that it should be limited to those who are technically called friendless or have no relatives; on the contrary I think that those who have relatives and families are often those that need it most. While relatives and families may always be an asset of a certain kind in affording moral surroundings and a certain degree of communication with the community, they are also in a very serious degree oftentimes a liability, and a serious liability. A man who has no one but himself to look after can get on reasonably well, but the man who leaves the hospital and has to return as did one of these men from the Manhattan hospital, to a wife and three or four small children, has an added liability and an added need of subsequent care. The strain and difficulty of supporting his family very likely, in the first instance, he being a foreigner in our city, unused to our customs, illy fitted to compete with the native American, those things had very likely caused in a considerable degree his distress. Now I happen to know of one particular case of one man who was "discharged to his family," and one might perhaps read that record of the hospital with a considerable degree of satisfaction — here is a man cured and restored to his family. Now what do we find? On visiting him we find that he came from Russia; that he was admitted with an exhaustive

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psychosis — whatever that may be — it suggests a long strain before he was admitted. He attempted to work after his discharge; he was employed in his own house in making clothing, as are so many in the city of New York. The sanitary condition of the home is poor. Three small rooms, one of them dark, are occupied by this man and wife and three small children. The most he can earn is \$5 per week. While he is said to have improved mentally, he has lost flesh, looks poorly nourished, works very hard, and it seems likely that he cannot stand the strain. No man, and I say it with full knowledge I think of the conditions in life in New York city, no man, with the scale of prices as they are in New York, with the high rent and high prices for food, no man can give adequate care to a wife and three children on \$5 a week, \$260 a year, in the city of New York. It simply cannot be done, as any expert in the charitable societies in New York will tell you. That family, unless the earning capacity can be improved, is certainly indicated for considerable material aid, and any charitable society in New York for the relief of the poor would at once say that that family should be removed to better rooms, larger rooms, and unless the earning capacity should be increased, there must be material aid of a considerable sum. I mention that merely as one instance, which proves conclusively to my mind that it would be a great mistake to limit any movement for after-care for the insane to those whom we may regard as friendless or homeless. It seems to me, therefore, that the finding of employment, that is of suitable employment, not simply of some kind of occupation but the finding of the right kind of employment is one of the things that will first be required. Another of these men, a comparatively young man, was returned to his family and to his employment, but that employment meant 12 hours' work a day as a waiter, work beginning at two in the afternoon and continuing until one or two o'clock in the morning, the kind of employment, the very conditions which in the opinion of his family led originally to his mental disturbance. But employment is only one, and, in my opinion, one perhaps of the least frequently needed factors. Speaking of the metropolitan district generally, actual material aid will be required in a very considerable number of cases without any doubt. There is a tremendous amount of poverty in New York city; there is bitter and grinding poverty in the city of New York, especially among the recent immigrants in the lower east side. A great deal that will be needed can hardly be classified or indicated other than as friendly aid, counsel, not material assistance oftentimes, advice, and what we call friendly visiting. To be left alone in the world is a spur and stimulus to a strong man, but to be left alone is a tremendous strain to a man who is not strong. To the

man who has had some disaster or distress, the mere fact of having a friend, someone with whom he can take counsel, someone upon whom he can fall back in case of emergency, is of tremendous benefit. Now as to how it shall be done, I think we cannot see very far into that at the outset; I am a very firm believer that in things of this kind we learn best by doing, and that after the work has been in operation for six months we shall all know a great deal more about it than any of us can possibly foresee at the present time. Nevertheless there are certain factors which seem to me to be clearly required in the situation. In the first place a great deal of volunteer aid, the help of the friendly visitors of the charitable societies in the city of New York, in the more rural districts the help of the local representatives of the State Charities Aid Association, the help of the managers of the State hospitals, of physicians, of all the resources that there are in the way of volunteer aid, and the persons willing to lend a hand wherever these patients may go, but that alone in my opinion will always and everywhere prove inadequate. Voluntary service needs always to be co-ordinated and supplemented by paid service and can give continuity and organization. Therefore I think that from the very outset there must be at least one and possibly more paid agents, or whatever they may be called, who can give all their time, and can go at any moment to any place where help is needed, and provide the thing that is needed, a person who can be called upon in an emergency for any of these lines of aid, a person who will see that nothing is overlooked. There must be a clearly defined responsibility. While we need the help of everybody, somebody must be responsible, and there must be one source of origin and direction that must be either in one group of people or another, but that cannot be diffused through all the groups; there must be one central point of direction and control of the work. The State I think should do its share for the individual patient; I think that private philanthropy should certainly at first and perhaps always provide the trained agents, pay their salaries, their traveling expenses, the printing and postage and all the things that arise in that connection, but so far as the individual patient is concerned, if he should need to have his board paid for two weeks, it should be paid from the public fund, or if it should be thought necessary to provide a home in the suburbs or anything of that sort, it should be done by the State. The clothing and traveling expenses required I think the State should provide, as being the final in the State's treatment of the unfortunate insane person, and with those elements together, it seems to me, we could start; we could undertake one by one the cases of need as they arise, beginning perhaps with visiting the homes to which the cured patients are to be discharged before they are discharged, to find out what the conditions are, what the need

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is in any particular case, and proceed step by step in our co-operation. We should have no difficulty in elaborating our plans little by little in the light of experience which would be better than at the outset to form a hard and fast plan and then try to apply it to all parts of the State and to all situations that might arise. As I listened to the encouraging remarks by the chairman of the Commission in Lunacy and Dr. Meyer's very suggestive paper, and especially to Mrs. Acker's remarks, to her description of the extent to which that particular community had already achieved a new interest, if not a new attitude towards the question of the insane, it seemed to me that this day was likely to go down as a "red letter day" in the history of the insane in this State.

Mr. Chairman: The establishment of the system of State-care of the insane was made possible by the work done by the State Charities Aid Association in connection with the investigation into asylums by the State Commission in Lunacy; they worked for a number of years against the greatest odds and obstacles to bring that about, and in a matter of this kind I know of no means of private philanthropy, no charitable organization which is so qualified to undertake it as the State Charities Aid Association. It seems to me that with the various resources they have, take it in New York city, with the charity organization societies there, with the societies for improving the condition of the poor, and the various organizations in that city, that much could be accomplished towards bringing about a very efficient after-care service. The service in the country is entirely different; the conditions are vastly different. The communities are scattered, charity organizations are not in existence in many places, but the State Charities Aid Association has visitors in these districts. I speak only as chairman of the Commission, but I think I voice the sentiment of my colleagues that this work should be undertaken by the State Charities Aid Association.

Dr. Pilgrim: In view of the very valuable ideas presented by Mr. Folks and also the suggestions by the president of the Commission, I should like to offer this resolution:

Resolved, That the State Charities Aid Association be requested by this conference to organize a system of after-care for the insane in this State, and to put it into practical operation.

The resolution was seconded by Dr. Meyer and unanimously adopted.

'REMARKS OF MISS SCHUYLER

Mr. Chairman—As a manager of the State Charities Aid Association, I desire to thank the conference for the confidence reposed in us. If we undertake the work, we shall try to do it well. But we can scarcely undertake it without an assurance of

very cordial co-operation on the part of all interests represented at this conference. We shall look to you, Dr. Mabon, as president of the State Commission in Lunacy, and to your colleagues, for strong support and material assistance; to the superintendents of the State hospitals here present for that counsel and close co-operation which they alone can give, and without which work of this kind cannot succeed; to the managers of the State hospitals for their active interest. Other assistance and co-operation must be sought, more especially from our visitors of the State Charities Aid Association in the hospital districts, and from existing local, philanthropic organizations and from individuals; but first, and most important of all—indeed without it we can do nothing—is the sympathy and hearty support of those officers of the State here with us to-day.

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You have asked us to inaugurate a system for providing after-care for the insane of the New York State hospitals. With your assistance we shall try to do so—shall hope to do something towards reaching out a friendly hand to those who have been through the deep waters and are struggling to regain their foothold. May the blessing of God rest upon them and upon us.

Mr. Chairman: I think we all appreciate very deeply the kindly feeling which prompts the State Charities Aid Association to begin this work, and we feel sure that it will be successfully inaugurated. I want to thank Miss Schuyler for undertaking this, to assure her that, so far as I am personally concerned, I will render every aid possible. The conference of superintendents must speak for themselves on this subject, but from the expression that has gone forth to-day, I believe that they are in very hearty accord with this new work.

Dr. Pilgrim: There is one more resolution which I would like to offer:

Resolved, That the representatives of the State Commission in Lunacy and the managers and superintendents of the State hospital for the insane here present, hereby pledge to the State Charities Aid Association their earnest and hearty co-operation in the establishment and maintenance of a system of After-Care for the Insane in this State.

Dr. Hurd: I would like to second that resolution. For myself I feel I can pledge most hearty support and all that that implies. I have not heretofore indulged in this discussion, but none the less I have felt sympathy with it, and I can assure the conference that the managers of the Buffalo State Hospital are also.

The resolution was unanimously adopted.

Mr. Chairman: I wish to thank the representatives of the boards of managers for their attendance, and also to extend thanks

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to the representation from the State Charities Aid Association. It has done very much to make this conference a success, and I believe, as Mr. Folks has said, it will be a "red letter" day in the history of the insane of New York state. I should also say that the representatives from the boards of managers will be always welcomed to the conference, and I hope that the superintendents will notify their boards sufficiently in advance, so that they may provide for attendance, but lest this should fail I have taken the precaution of asking the secretary to get the names of the secretaries of the different boards, so that they may be notified as well as the superintendents.

On motion of Dr. Wagner, adjourned.

CARROLL F. SMITH

Secretary of the Conference

Conference of State Hospital Superintendents with the State Commission in Lunacy, held at the Capitol, Albany, April 11, 1906, at 10 A. M.

Present: Dr. William Mabon, President State Commission in Lunacy.

Utica State Hospital, George H. Torney, M. D.,
First Assistant Physician.

Willard State Hospital, R. M. Elliott, M. D.,
Medical Superintendent.

Hudson River State Hospital, Charles W. Pilgrim,
M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, M. C.
Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D.,
Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner,
M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings,
M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D.,
Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D.,
Medical Superintendent.

Kings Park State Hospital, Wm. A. Macy, M. D.,
Medical Superintendent.

Manhattan State Hospital, Herman C. Evarts,
M. D., Acting Superintendent.

Central Islip State Hospital, G. A. Smith, M. D.,
Medical Superintendent.

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Gowanda State Homeopathic Hospital, Clarence A.
Potter, M. D., First Assistant Physician.

Managers Geo. E. Dunham, Thos. F. Baker, Utica;
Mrs. Annie Laurie Stewart, Fred J. Manro,
Willard; Wm. D. Granger, M. D., Miss Catherine
A. Newbold, Hudson River; Wm. H.
Rogers, Middletown; John Thatcher, John
Rooney, Kings Park; Rev. Wm. J. White, Long
Island; Eugene H. Porter, M. D., Gowanda.

Dr. Adolf Meyer, director of Pathological Institute.
State Charities' Aid Association, Homer Folks.

Mr. Chairman: The conference will please come to order. This meeting of the representatives of the managers of the different State hospitals was called at the request of Mr. Rogers, president of the board of managers of the Middletown State Hospital, in order that the rules and regulations of the State hospitals might be considered and formulated and afterwards presented to the Commission for its action. At the adjournment of the morning session it might be advisable therefore for the managers to meet and appoint such committees and do such other work in connection with the rules as they may deem proper. The first paper is by Dr. Dewing on "Spinal puncture."

A STUDY OF LUMBAR PUNCTURE IN NINETY-NINE CASES OF MENTAL DISEASE

By O. M. DEWING, M. D.

Lumbar puncture as a therapeutic method was introduced by Quinke in 1891. Since that time it has been widely used, with varying results in many different forms of disease, some observers claiming remarkable results, others finding it of less value. The greatest success has probably been found in its use in the different forms of acute cerebrospinal meningitis, but its exact place has yet to be fully determined.

But, when we turn to the use of this method as a diagnostic procedure, there is a different story to tell. Attention was first widely drawn to the diagnostic importance of the method in the year 1900, by the work of the French investigators, Widai, Sicard and Ravaut, and since that time many publications have appeared, which demonstrate the diagnostic value of the method, especially in the acute and chronic diseases involving the cerebrospinal meninges. It is in the chronic syphilitic and para syphilitic con-

ditions of the cerebrospinal meninges that most observations have been made and the most definite results obtained.

The measure has also been made use of in the production of spinal anaesthesia.

There is some doubt as to the origin and mode of secretion of the cerebrospinal fluid. It is a clear fluid, containing about one per cent of solid matter, and probably in a state of absolute health, no cellular elements, though a few such elements may be found in cases where no definite diseased condition can be shown. It is found in the ventricles of the brain and in the space connecting with the ventricles between the pia mater and the arachnoid membrane surrounding the brain and the cord. Thus the fluid which we obtain by tapping the lumbar enlargement of the spinal canal is derived from, and representative of the entire body of fluid filling the cerebro spinal axis. The amount of fluid in the canal varies greatly, and with corresponding variations in pressure.

It should be understood that this paper does not embrace a study of lumbar puncture as a therapeutic measure. Furthermore, no attempt has been made to analyze the literature of the subject and the cases include no acute conditions, and are confined exclusively to mental disease.

Since January 1, 1906, lumbar puncture has been performed at the Long Island State Hospital on 101 cases, and in only two have we failed to obtain fluid. In each of these two cases three attempts were made, without success. This paper is, therefore, based on 99 cases, in which fluid was obtained.

The technique of lumbar puncture is not very difficult, but requires care and some experience in order to obtain fluid successfully and without great discomfort to the patient. The following technique of the operation has been followed at the Long Island State Hospital by Dr. Joseph Smith, who has made all these punctures, done all the laboratory work involved, and has greatly assisted me in the clinical observation of cases, and to whom I am greatly indebted.

The patient either lies on the side with his knees drawn up and head bent so as to curve the spine, or he may be seated with his elbows resting on his knees, and hands supporting chin. The crests of the ilia are felt, and the line joining their highest points crosses the fourth interspace. Either this interspace or the one next above it, is selected. The lumbar region having been rendered aseptic, the spinous process is felt by the index finger of the left hand, and the needle thrust just below it and a little to the right of the median line, and in a direction slightly upward and inward. The needle is felt to pass through the soft muscular tissue and pierce the tough dura. Usually the fluid begins to run immediately, either drop by drop, in a continuous stream, or

even spurting to a distance. Occasionally the needle is felt to strike bone. In such a case it should be slightly withdrawn and the direction slightly changed. We have used ethyl-chloride spray to anaesthetize the skin in nearly all cases. It diminishes the pain and usually makes it possible to complete the operation successfully, where otherwise the patient would be so restless that the attempt might fail. If the spray be too prolonged, it may render the skin so hard that considerable force is necessary to push the needle through, and if the needle strikes bone manipulation may not be easy. The pressure as shown by issue from the needle, varies. It has been found high in 21 paretics, in 13 of whom the fluid spurted to a distance. It was also high in six epileptics, six cases of dementia præcox, in one Korsakoff's case, one alcoholic, one manic, and lastly in the case with herpes zoster, in which the fluid spurted to a considerable distance. Occasionally the flow is preceded by a few drops of blood-tinged fluid. This should be discarded and only clear fluid collected. When the flow is very slow it has been found that slight manipulation, as turning the needle, pushing it slightly forward, or withdrawing it a little, may make the flow more rapid. If the patient is in a sitting posture, the flow may also be somewhat accelerated by having the patient straighten up a little. The quantity of fluid withdrawn has varied from 6 to 8 c.c. When through, the needle is carefully withdrawn and the opening covered with collodion on a piece of cotton, and adhesive plaster applied. The patient is then put to bed for a few hours. In our experience the operation has been perfectly harmless, and no ill effects have been noticed, excepting nausea and vomiting, which soon passed away, in two cases.

At the conclusion of this paper will be found a statement by Dr. Smith, giving the laboratory technique and chemical findings. With regard to the chemical findings I will only remark here that, contrary to the results of the French observer Deroubais, who stated that although sugar could uniformly be found in normal fluid, it could not be found in the cerebro-spinal fluid of cases of dementia præcox, which he had examined—we found sugar present in all cases, including 14 cases of dementia præcox. We not only employed Fehling's method, which gave a positive result in all cases, but in five of the cases of dementia præcox the phenylhydrazine test was used, demonstrating the presence of sugar.

The 99 cases in which fluid was obtained we have classified as follows:

General paralysis	50
General paralysis (doubtful)	8
Syphilis, without symptoms of general paralysis	4

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Syphilis (doubtful)	2
Epilepsy	13
Alcoholic psychosis.....	2
Korsakoff's	4
Dementia præcox	14
Herpes zoster, in a neurasthenic case.....	1
Terminal dementia.....	1
<hr/>	
Total	99

In these cases our examinations for cellular elements have given us the following results:

In all the 50 undoubted cases of general paralysis a lymphocytosis was present. It was marked in 36 cases, moderate in four, slight in 10; in two cases the first puncture showed no lymphocytosis, but on the second puncture a lymphocytosis was obtained. In two cases in which a lymphocytosis was present on the first puncture, the second puncture showed none. This demonstrates clearly the futility of making only one puncture in a case of suspected paresis, where the first puncture is negative. Of these 50 cases we have an undoubted history of syphilis in 17; some evidence of it in five, and no history or evidence of it in 28.

Of the eight cases of doubtful or questionable paresis, a lymphocytosis was found in four and lacking in four. In none of those eight cases of doubtful paresis was the mental picture in any way typical or characteristic. In all except one—the man 57 years old, hereafter referred to—there was a considerable, and in several a profound degree of deterioration. In two cases there was a history of epileptoid convulsions, coming on about middle age. In all there were some physical signs of meningeal involvement, but in none of these cases were these physical signs clear and absolute. For instance, in one there was exaggerated knee-jerks and some muscular inco-ordination, but on the other hand there was good pupillary reaction and no Romberg symptom. In another there was some muscular inco-ordination, the patient stumbled badly on test phrases, the pupils were contracted and unequal, but both reacted to light and accommodation. There was no Romberg symptom. In this case there was a slight lymphocytosis. In another, in which there were exaggerated knee-jerks, some ataxia of gait, and slight Romberg, there were no speech defects and no tremor of tongue, lips or hands. In this case a marked lymphocytosis was found. In another case that of a man, aged 57 years, recently admitted, who had had three previous attacks; from which he is supposed to have recovered, there was a slight lymphocytosis. The first attack

occurred in 1896. He was originally classified as a case of allied manic depressive insanity. The physical examination shows knee-jerks absent, contracted pupils, but reacting well to light, but no tremor and good muscular co-ordination. In another, a man of 50, admitted in 1900, now very demented and stupid, with knee-jerks normal, pupillary reflexes normal, no Romberg and inco-ordination tests not conclusive, owing to extreme dementia, we find a very marked lymphocytosis.

Out of 13 epileptics four showed a lymphocytosis. One, a young man of 19 years, showed no evidence of syphilis and no symptoms of meningeal involvement, except lymphocytosis. Another, a man of 40, with defective early history, had a history of epileptic attacks since admission to the hospital five years ago. He had contracted pupils, reacting slightly to light, and increased knee-jerks. His pupils are now normal, but he still has increased knee-jerks. Another man of 47, admitted 10 years ago, now shows increased knee-jerks, but good reaction of pupils, and no other symptoms of meningeal involvement. Another man of 37 years, admitted in 1893, shows increased knee-jerks, face drawn to one side, but pupillary reaction is good. There is no tremor of the tongue, and slight tremor of the lips. Romberg's symptom is lacking.

Out of four cases of syphilis not otherwise classified, one showed a marked lymphocytosis. This patient had an apoplectic stroke one year ago, with some mental symptoms following. He is now aphasic, but pupils react to light, and his other reflexes are normal. Two other undoubted syphilitic cases, but with no symptoms of meningeal involvement, show no lymphocytosis. The fourth case, with a history of syphilis and alcoholism, ran a most remarkable and acute course, and apparently recovered. The patient was for several months confused and stuporous, with hallucinations of sight and hearing, and was at one time diagnosed as a rapidly progressive case of general paralysis. He had exaggerated knee-jerks, but his pupils reacted to light. He had no Romberg, but at one time muscular inco-ordination and tremor. All these symptoms cleared up and he was discharged as a recovered alcoholic. There was no lymphocytosis, but I regret that in his case only one examination was made.

In the two cases of suspected syphilis, but with no symptoms of meningeal involvement, there was no lymphocytosis.

Of the two cases of alcoholic psychosis one showed a few lymphocytes in one field, but no others were found.

Of four cases of Korsakoff's psychosis one gave a slight lymphocytosis. There were no other symptoms of meningeal involvement.

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Of 14 cases of dementia præcox one showed moderate, and another slight lymphocytosis. The first is a woman of 21 years, a typical case of dementia præcox of the hebephrenic form. There are no symptoms of meningeal involvement save a sluggish reaction of the pupils, and a coarse tremor of tongue and fingers. The other case, in which a slight lymphocytosis was found, shows nothing of a striking character except that the right eye is much more prominent than the left, and is pushed downward, forward and outward. The pupils are unequal but react properly, the knee-jerks are increased. An examination of the eye referred to, with the ophthalmoscope, shows the optic nerve somewhat pale, but no other defects. A third case of dementia præcox, in the catatonic form, showed in one field as many as 10 lymphocytes, but none were found in any other fields. There are no other evidences of meningeal involvement. No lymphocytes were found in the case of herpes zoster, or the case of terminal dementia.

These examinations show that in all cases of undoubted paresis a lymphocytosis was found, and in half the doubtful cases. In nearly all the cases where a lymphocytosis was obtained there have been some other indications of meningeal involvement, and it is probable that in most, if not all of such cases, an unsuspected syphilitic element exists. It is too much to say that lymphocytosis is pathognomonic of general paralysis, but I believe it comes nearer to being so than any other symptom. We have obtained it in cases where there were no eye symptoms, no speech disturbances, or no grave mental defects. It is therefore a procedure of the very greatest practical importance in all cases where there is a suspicion of general paralysis. It should also be made use of in cases giving a history of syphilis in which any mental or nervous symptoms make their appearance, and it should always be employed where the condition of the pupils, or of the reflexes, or evidences of inco-ordination point to a centrally located syphilitic or para syphilitic affection.

LABORATORY TECHNIQUE AND CHEMICAL EXAMINATION

By JOSEPH SMITH, M. D.

Within two hours after the puncture the fluid is centrifuged for 10 minutes, then decanted and the tube left to drip on a piece of blotting paper. With a fine capillary pipette the bottom is scraped and the sediment rises into the pipette. The content is blown out on three cover-glasses evenly. These are dried in the air and put into a mixture of equal parts of absolute alcohol and

ether for 20 minutes to fix. They are now dried and stained by Unna's polychrome methylene blue, or Nocht-Hasting's method for 10 minutes. We have used the latter stain exclusively: Four or five drops of the stain are put on the cover-glass for two minutes, then eight or 10 drops of distilled water for eight minutes. They are then rinsed in water, blotted and mounted in balsam. The lymphocytes are brought out sharply and stain intensely by this method. The red cells, if any are present, are left unstained.

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Examination of the fluid: In all cases the fluid has been examined for reaction, albumen and sugar. In 82 cases the fluid has been tested for globulin by Sir William Roberts' test.

Reaction: In 96 cases the reaction has been alkaline; in some cases the alkalinity was very feeble; in only one case, a paretic, was the reaction strongly acid.

Albumin: Has been tested by boiling and Heller's contact test. The latter has proved by far the more delicate of the two: In cases where cloudiness on boiling did not make its appearance, Heller's test always showed a sharply defined white ring at the junction of nitric acid with the fluid. Cloudiness on boiling can be better made out by comparing it with another portion of fluid, both test tubes being held against a dark background. In this way even the faintest turbidity can be appreciated.

Globulin: Was tested, as above mentioned, by Sir William Roberts' method, which consists in allowing the fluid to drop from a pipette into a test tube half filled with distilled water. When globulin is present each drop, as it falls, leaves a milky trace behind it. This test, however, requires that the globulin be present in considerable quantity. This may explain why in only six cases of 82 to which the test has been applied the reaction gave positive results.

Sugar: Was tested by Fehling's solution and was found to be present in all cases, a red or yellow precipitate always making its appearance. The quantity of cerebrospinal fluid abstracted was not sufficient to make other tests for sugar possible in all cases, but in a few cases where the phenylhydrazine test was applied it gave good results. Contrary to the results of Deroubais that no reduction of Fehling's solution occurs in the fluid from cases of dementia præcox, we have examined 14 cases and reduction of Fehling's solution is invariably obtained. In five of these cases the phenylhydrazine test was tried and crystals of phenylglucosazone obtained. In one case the quantity was estimated by titration with Fehling's solution and found to be one per cent. In another case the phenylhydrazine test gave a negative result, but the fluid was small in amount, while previous examination

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by Fehling's solution caused a reduction of the latter. Crystals were also obtained in one parietic and a case of Korsakoff's, in whom the test was tried. It must be admitted, however, that in many cases the quantity of the reducing substance was so small that the precipitate—the red cuprous oxide, or yellow cuprous hydroxide—collected at the bottom of the tube only after a lapse of half an hour or less.

Mr. Chairman: The discussion of Dr. Dewing's interesting paper will be opened by Dr. Meyer, director of the Pathological Institute.

Dr. Meyer: In order not to delay the much more important practical business of the boards of managers that are present I shall limit my remarks to just a few statements. In the first place—even in normal spinal fluid some cells are present up to two to three cells in each microscopic field. Consequently the cells appear not merely as evidence of meningeal disease, and it probably is well to speak of cerebrospinal lymphocytosis merely as a finding of an *increased* number of cells without speaking too definitely of the source from which the cells and their increase might come. It seems to be established at the present time that an increase of the cells is found wherever syphilitic infection has preceded, whether or not there is meningeal involvement; that it is especially likely to occur where we have either cerebrospinal syphilis; in which the amount is largest, or tabes or general paralysis in which a usually moderate lymphocytosis is found. But it is also found in cases in which cerebrospinal meningitis has preceded. Moreover the finding of an increase has been made in cases of multiple sclerosis. An examination of cerebrospinal fluid has therefore its limitations but also a decided and great value, especially where the lymphocytosis is accompanied by albumen. Although it is only one point towards what we would want to have for a final diagnosis, it is only a sign of great probability, and we shall have to depend as much as ever on a consideration of *all* the symptoms before we make a diagnosis of general paralysis, or tabes or of cerebrospinal syphilis.

Statistics on this matter are perhaps like all statistics, rather fallacious sources of information, unless the cases are individually specified in the report. Among the positive and negative evidences for a final diagnosis we must at the present time demand a microscopic examination of the nervous system as a necessary and perhaps the only very decisive proof. Apparently adverse cases ought not to weigh too heavily in our argument unless they are supported by findings in the autopsies. For statistics, I should suggest to group first the cases of undoubted general paralysis and tabes divided into those with and those without a

history of syphilis, then the cases of cerebrospinal syphilis with and without a history of infection. A glance at these first groups will allow us to make some sort of an estimate as to the reliability or rather the amount of accuracy concerning the antecedents of the whole group. We know at the present time that at least 79 per cent or 80 per cent of the cases in the average hospital constituency furnish either positive history of infection or signs of more or less great probability. If the general statistics in general paralysis and tabes do not come up to that mark we would infer that the statistics of "non-syphilitic cases" are to be taken with some precaution. I am sorry to say that notwithstanding considerable efforts on our part, the idea of Robertson of finding an especial bacillus paralyticans in the cerebrospinal fluid, have failed. Moreover, we have not been able as yet to demonstrate in the cerebrospinal fluid the micro-organism of syphilis.

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Dr. Hurd: Dr. Brooks of the staff of the Buffalo State Hospital has been engaged in the study of this subject, and I think that a short extract from an article which he presented before the staff meeting will prove of interest, not that it conveys anything particularly different from what we have already heard. I will beg your patience for just a few moments to read a little of his work and his conclusions. I will not read the portion of his article which deals with the technique and the laboratory methods, etc., but will simply read you the findings.

THE EXAMINATION OF THE SPINAL FLUID IN DEMENTIA PARALYTICA

"We have made satisfactory examinations of the fluid in 29 cases, 13 of which have been typical paretics, three probable paretics, and 13 suffering from other conditions in whom paresis could be absolutely excluded.

"Of the 13 typical paretics, we found an abnormal increase in the number of lymphocytes in eight, or 61.5 per cent. If to these we add three probable paretics, in all of whom there was a lymphocytosis, the result is 68.75 per cent increased.

"Of the 13 cases other than paretics, 11, or 84.66+ per cent presented a normal lymphocyte count. Of the other two, one gave a history of syphilis (some 20 years before), and the other was evidently suffering from a syphilitic and inflammatory condition of the meninges, which condition was cured by treatment with potassium iodide.

"To recapitulate, 68.75 per cent of our paretics showed an abnormal lymphocytosis, while in 84.66+ per cent of the cases other than paresis, the lymphocytes were normal in number.

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"The seralbumin present in the fluid, we found to be a variable quantity, and so far as we were able to determine, bore no particular relation to the number of lymphocytes present, or to the presence or absence of dementia paralytica. It was markedly increased in two cases, giving evidence of meningeal inflammation (showing polyneuclear leucocytes in the fluid), and in a case of dementia paralytica associated with tabes.

"In spite of our careful and persistent efforts, we have been able to get a reduction of Fehling's solution in but one case, and that one of the catatonic form of dementia præcox."

Mr. Chairman: Dr. Dewing may now close the discussion.

Dr. Dewing: Mr. President, I do not know that there is anything further to be said. I thank the members for their attention.

Mr. Chairman: The chairman begs to announce that, owing to an unavoidable appointment, he will have to resign his chair for a short time to Dr. Pilgrim. It may be of some interest to know the condition of the appropriations and other legislative measures. Last year we sought an appropriation for two acute hospitals to cost approximately \$1,000 per patient. The Legislature, however, inserted certain statutory restrictions cutting it down to \$88,000, being a per capita of \$550. The plans were prepared and advertised, bids received, and we found that an institution for the acute insane could not be built for much less than \$1,000 per capita. Therefore this money could not be used. There was a balance from a fund which was created by a deficiency appropriation which remained unused, thus making available enough money for four acute hospitals, and we have introduced into the Senate and Assembly two bills, one reappropriating this money for the acute hospitals, the other taking away the restriction of \$550, and having instead thereof for acute hospitals \$1,000. Two or three hearings were had on these measures, and finally both bills were reported out of the Senate committee and on the second passed. They are now in the hands of the chairman of the ways and means committee of the Assembly, who assured me yesterday that they would soon be reported. The ways and means committee of the Assembly reduced our item for maintenance from \$2,600,000 to \$2,300,000, although the amount we asked was the same as this year. When it got to the Senate they took off \$300,000 more. Yesterday there was a conference between the ways and means committee of the Assembly and the finance committee of the Senate, and I appeared before them, and after explaining our necessities, the full amount was restored. There is another measure in the Legislature providing for the maintenance of families of second assistant physicians. There are one or two measures in regard to changes in the code which are still in committees. The amount that we asked for in our

special bill is nearly \$1,600,000; the total amount asked for by all the institutions aggregated about \$2,000,000. The amount we asked for, as I say, is about \$1,600,000, and the difference has been provided for in some instances out of the balance we had last year. I do not know just what view the Senate committee may take of this measure; the probabilities are that they may desire to cut out certain items, but the Commission has felt that after going through the institutions it should ask for the amount mentioned. It may be of further interest to know that the Commission at its last meeting considered the officers' schedule in a general way. The schedule of salaries as suggested by the committee would call for an expenditure of about \$35,000 more than we have this year, and in view of the fact that there was a disposition to cut, the Commission did not feel prepared to adopt the suggestions. It did, however, at the last meeting, fix the salary of junior physicians at \$1,200 flat; formerly it was \$900, and it is now increased to \$1,200. This action is subject, however, to the approval of the Governor, Secretary of State, and Comptroller, and until that approval is had the estimates must continue as at present. We have with us to-day Dr. Butler, of Ogdensburg, who has done the dental work at that institution, and he has kindly consented to present a paper on the work in connection with the St. Lawrence State Hospital. Before I sit down I would like to say to Dr. Pilgrim that if Mr. Folks, secretary of the State Charities' Aid Association, appears this morning he has agreed to make a few remarks on what has been accomplished by the After-Care committee of the State Charities' Aid Association. That work has been undertaken in New York city, and they have a competent woman, I believe, to follow up all cases, and undoubtedly it would be of some interest to know what has been accomplished by the committee thus far.

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ORAL CONDITIONS AS FOUND IN THE INSANE

BY H. B. BUTLER, D. D. S.

The presentation of this subject for your consideration, gentlemen, is not for the purpose of advancing new and startling theories stamped with originality, nor to tell you of wonderful achievements resulting from my own efforts, but to call to your attention some of the evils existing among your patients which may have heretofore escaped your notice; and, while now and then making a suggestion perhaps, to leave their remedy to your own excellent judgment.

The professions of medicine and dentistry, which, theoretically, are closely allied, are in reality seldom brought in touch with each other, a condition decidedly detrimental to both.

When you studied anatomy you learned that the normal adult should have 32 teeth, eight incisors, four canines, etc., but doubtless you went but little further, leaving that ground entirely to your fellow student of the other profession. So I take it you would not consider yourselves duly qualified for the practice of dentistry, and in all probability you evade the extraction of a molar whenever possible.

I shall, therefore, endeavor to tell you of the conditions I have found during a few years' practice among the insane and if possible to convince you that one of the greatest evils existing in your institutions has had practically no measures taken for its relief.

The dentist of yesterday, seeing so much of a mechanical nature before him, spent most of his time educating his fingers, rather than in considering how he could most benefit the general health of his patient. To-day, however, we find the men who stand highest in our profession have not only acquired manipulative ability, but have carefully considered the relation of the teeth to the rest of the anatomy, and I hope to soon see the day when the dentist will be what I believe he should be, a medical specialist.

Dr. Horatio C. Wood (M. D.) once termed the degree D. D. S. "a badge of partial culture." The doctor was correct, but he did not express his opinion of the M. D. who takes no further consideration of his patient's oral condition than to note at times the color of his tongue.

Someone has aptly called the oral cavity "the vestibule of life," and if seeking for the origin of pollution in a stream, is it not wise to examine its source?

We have in the human mouth some 25 to 30 square inches of exposed dental surface. This may seem a large estimate but it is a fact easily demonstrated, and as all food eaten, and a large proportion of the air breathed comes in direct contact with this surface, is it not at once apparent that it should be in absolutely clean condition? And how far from this condition are the mouths of the great majority of your patients!

You demand from those who prepare the food for your patients the absolute cleanliness of each cooking utensil and of their person as well as tables, floors, etc., that only clean, wholesome food may be given them. But, judging from my observation, very few of them really get their food in this condition, for just before this carefully prepared ration passes into his stomach the patient is allowed to macerate it with carious dental tissue, to contaminate it with products of decomposition, and in a large proportion of cases, to mix with it a considerable amount of pus.

At the St. Lawrence State Hospital we have the purest air imaginable. Taken from an uncontaminated source it is properly

heated and distributed, so that in the various wards we get a complete change at very frequent intervals; but I am sorry to report that the lungs that receive it in that condition are very few. We are all to a greater or lesser extent mouth breathers. Even those whom we consider normal breathers inhale and exhale through the mouth during conversation, laughter, yawning, etc.

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Now were one piece of tainted meat found in the daily allowance about to be prepared for a section of your institution, or one piece of carious bone found among that from which soup was to be prepared, you would at once discard the whole lot in which such portion was found and start a rigid investigation as to the cause. But the contamination which food receives after being placed before the patient is a matter which receives no attention whatever.

Would it not be better if the food were prepared upon the floors and cooked in utensils unwashed since their previous use and fed through reasonably clean mouths? In case you are not of this opinion I ask you to examine the mouths of a dozen average patients upon your return.

Again, were you standing in front of a ventilator and discovered such an odor as is met with in the exhalations of most of your patients, you would immediately search for the cause and its remedy, but a careful examination of the average patient's oral condition will at once convince you that many of them would enjoy better health if confined in the lavatories with their mouths carefully treated than they do at present breathing the best air with which you can supply them.

Very unfortunately the ill effects of these conditions are not alone felt by the patient himself, but are a constant menace to his neighbor. Dr. Herman Koninger in a number of the *Journal of Hygiene and Infectious Diseases* writes as follows: "The author has been able to assure himself that in an apartment where there is no appreciable current of air, a person coughing or sneezing could scatter germs to a distance of 22 feet." He also says that germs are scattered by means of salivary droplets having a bubble of air in the center and remaining suspended for a brief interval. This being the case, they are easily inhaled by another.

To digress for a moment from our subject, can you not recall some surgical operations in which septicæmia has appeared and you have been unable to ascribe its appearance to any particular cause, every precaution having been taken to avoid the same? And is it not more than possible that this infection may have come from the operator's own mouth.

This coming from me you would say I was an extremist, but the theory, gentlemen, is advanced by one of your own profession.

One of my medical friends recently showed me a new tonsilo-

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tome and pointed with pride to the fact that the sheath into which the knife slides after excision could be removed and rendered thoroughly aseptic. He stated he had been getting infection from his old instrument in spite of the fact that it was boiled in a soda solution.

It has not occurred to him that the infection might have come from his patient's own mouth. While the mucous membrane lining the oral cavity seems endowed with some special vital power for resisting the attacks of the various infected secretions found therein, it cannot be said that fresh wounds in the throat are so fortified.

These unsanitary oral conditions are not only met with in our State hospitals, but are found in all classes and to such an extent that one of your medical friends recently made this statement: "The greatest sanitary reform of the world is not the abolition of the village closet, but lies in the Herculean task of revolutionizing the unsanitary and infectious condition of the human mouth."

I do not consider that ordinary dental caries is the chief evil we have to contend with in State hospital work, but when speaking of unsanitary oral conditions, I refer more particularly to chronic alveolar abscesses, and various deposits other than stains about the cervical margins of the teeth and the various diseased conditions resulting therefrom.

I frequently find cases of salivary calculus in which the deposit is greater in quantity than the tooth which supports it. These are exceedingly foul in every particular and emit a most offensive odor.

Cases of pyorrhea alveolaris are very common, the gums being very loose, resulting in the formation of deep pockets reeking with pus and decomposing food. You can easily imagine the nature of the saliva that is constantly passing in excessive quantities into the digestive tract.

I find many cases of alveolar abscess in which I believe one-half ounce of pus daily would be a small estimate of the discharge.

All of these cases are looked after, if at all, by your odontologist, generally unaided.

I have repeatedly endeavored to interest different ones of the resident physicians in these matters but they have repeatedly withdrawn after seeing one or two cases, upon one or another pretext, the real cause being the repulsiveness of the case. Our assistant superintendent once told me that he much preferred the rectum as his field of operation.

The exhalations of one or two patients so affected will cause an offensive odor easily noticed throughout a whole ward, and in fact it was due to such odors that Dr. Hutchings asked me to examine all patients under his supervision. We found many exceedingly

bad cases and are taking care of them as rapidly as possible under the present arrangement which allows us but one day per month.

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This arrangement of but one whole day per month seems a decidedly homeopathic allowance. A resident odontologist at the St. Lawrence State Hospital would be an exceedingly busy man.

Our dental directories show the proportion of dentists to the population of a city or town to be about one to 1,800 or 2,000.

The last annual report of the St. Lawrence State Hospital gives the number of patients as 1,706, and that has been recently increased by a transfer to Inwood from other hospitals.

Now if one man is kept reasonably busy in private practice attending to the cases presenting themselves from a population of 1,800, what proportion of the work can be done in 12 days per year among an equal number of your patients, who, from the very nature of their malady, are in much more need of attention?

The result of this short allowance is that in order to cover the absolutely necessary ground, relieving pain, we have to operate in an almost inhuman manner, jumping from one case to another, dismissing the patient before hemorrhage has ceased, and allowing our cement fillings to become wet before they have hardened.

I find as a rule that a State hospital patient is rather a good patient. I believe that in the majority of cases there is less sensitiveness in the dentine than in the normal patient, and they seem anxious and willing to have any care taken of them along this line. It is seldom we have to use restraint, although you know there are some decided exceptions, but on the whole I should pronounce them fairly quiet and very appreciative of what we may be able to do for them.

At present treatments are impossible and fillings relatively few, but when a patient's chances of recovery and ultimate discharge are good, we make every effort possible to preserve his tooth until the patient has been able to have it properly cared for, and the use of cement and gutta percha has preserved many an anterior tooth until the patient has been able to have a proper filling inserted upon leaving the institution.

In molars, however, we can do permanent work for him, amalgam being our main reliance.

There is certainly due your visiting odontologist a good amount of co-operation on your part. His operating room should be a model surgical operating room. He has the greatest need of light and ventilation, sanitary plumbing and facilities for rendering instruments aseptic. Your general surgeon uses an instrument upon but one patient and when this case is finished there follows a general sterilization of all tables, vessels and instruments used, and his field of operation is not always in a septic condition. But

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our field is always so and we use the same instrument on many successive cases, and I am sure our difficulty is apparent. You who call for a clean fork if perchance yours falls to the floor during dinner, should give this a moments' thought.

We are gradually working these things out at Point Airy and Dr. Hutchings has invariably approved of all suggestions made with the idea of fostering cleanliness.

You should not expect your odontologist to operate for as long periods as he is able to do at his own chair. Personally I have found the work exceedingly depressing and fatiguing.

Again, he is entitled to consideration as he generally operates for you at a financial loss to himself. At least if his time is not worth more than the present amount allowed, you should at once seek the services of a better man.

Having touched upon the general conditions found, let us consider what we can do to improve them and what results to expect, both physical and mental.

The use of antiseptic solutions in the mouth will be of little help and no permanent value. That treatment called "prophylaxis" is what is needed. The removal of all carious tissue, either extracting the tooth or filling it, the removal of all abscessed teeth (treatments once in two weeks are unsuccessful), and most necessary of all, the removal of all deposits about the necks of the teeth for here lies our greatest trouble.

The latter can only be accomplished by careful instrumentation, each tooth being treated separately; and requires considerable time. I find the patients very willing to submit to this as soon as it is explained to them, and the results of this treatment, even when very limited, are immediately noticeable.

What will be the result? The absolute cure of many digestive disorders in the patient himself, prevention of many other maladies, a decreased liability to the same among his fellow patients, and a betterment of his entire nervous system, not only as naturally follows better health, but as a direct result of the lack of pain and the refreshing and stimulating mental impression of absolute cleanliness.

Let me read you something in regard to this which I find in an article upon oral prophylaxis by D. D. Smith, M. D., D. D. S., read before the Philadelphia County Medical Society and reprinted from transactions of various other medical societies.

Dr. Smith being an M. D., as well as a D. D. S., is capable of judging impartially as to the value of the treatment. He was one of the pioneers in this work and the results he has obtained for patients which I have sent him, and others sent by some of my colleagues, and of which I have personal knowledge, are nearly miraculous.

I have drawn liberally from his paper for ideas, and desire here to give all due credit. He says: "To arrest or to prevent inflammatory processes in the mouth is to arrest and prevent resorption of pus exudations and the other effete products of mouth inflammations, which of necessity are carried directly into the digestive tract. The one and only method of prevention and relief from this source of infection is as stated, forcible, complete and frequent removal of the stagnant irritants and toxins which perpetually recur on and between the teeth and along the gum margins. Maintained at intervals of about a month, this treatment is followed by immediate lessening and ultimate arrest of all inflammations and all inflammatory exudations from the oral tissues and complete eradication of the stagnant accumulations otherwise perpetually on and about the teeth. Another important and beneficial result of this treatment is seen in the unloading of the breath of its malodors and consequently of its often malignant infection. Clinical experience adds its testimony in substantiation of all this. Of the whole number of cases under this monthly 'prophylaxis treatment' all have shown some phase or state of general health improvement.

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"The most common condition — malaise — expressed in an indifferent appetite, coated tongue and sallow skin, has in every instance, in from three to four months, given place to clearing of the tongue and skin, better assimilation of food, and apparently increased vitality.

"Next in point of numbers are cases of so-called 'nervousness,' in both men and women, several in a condition approaching 'nervous prostration.' The rapid improvement and recovery in these cases has been a matter of astonishment and gratification. Inflammatory conditions of throat, some of long standing, and attended with tonsillitis, using topical applications only in addition to the 'prophylaxis treatment,' have in every case shown marked improvement; some have been cured and all others are improving under treatment.

"In two notable cases of alveolar pyorrhea in men, in one of which a diagnosis of diabetes had been made, the 'prophylaxis treatment' was instituted at intervals of two and three days for about three weeks, when the time was gradually extended to one treatment a week; and from that to one in two weeks, until at the expiration of three months there was a treatment every third week; topical remedies were mainly used. Both of these cases made a complete recovery both as to pyorrhea and general mouth conditions and the restoration of the general health.

"It may seem difficult to realize, but it is nevertheless true, that no greater good could come to humanity through the medical

profession than the full recognition of the dangers from this insidious, prolific and virulent infection in the human mouth."

I am very sure that a careful reading of Dr. Smith's paper on "Oral Prophylaxis," as well as others by the same author, would at once convince you that many oral conditions hitherto looked upon as symptoms of disease are, rather, their cause.

Another great need felt by the insane patient is that of dentures when natural teeth are lost.

I recall one case in particular which impressed me. Mary H ———, aged, I should judge 45 to 50, a hard-working woman employed at Garden cottage. She is thoroughly trustworthy, I understand, has a parole and is in fact one of the best class of working patients. I assume that this class is desirable and a factor in the economical running of the institution, which is constantly receiving your attention.

It became necessary to remove the remaining upper teeth, but the lower were in fairly good condition.

She has repeatedly implored me to make her a denture.

It occurred to me that were Mary H ——— a horse, instead of a working patient, she would have been taken to a veterinary surgeon and subjected to what is known as "floating" as soon as any difficulty in eating was noticed. Your farmer-in-chief well knows that as soon as a horse becomes unable to properly masticate, his value is lost as far as hard work is concerned.

Is it not equally true of the human being? Do you not believe that properly fitted dentures prolong the life and usefulness of the wearer? Has not Mary H ——— earned a denture? Would it not be a good paying investment to provide such for this class of patients and others who would properly care for them?

Dr. Hutchings stated to me recently that among the violently disturbed he had found particular attention to nutrition to be an important factor in their treatment. He stated that a following out of this idea had resulted in some of this class being at present at work about the grounds where previously they had been occupied in the destruction of property.

Much of the value of this special ration supplied to this class must necessarily be lost if from lack of means of mastication the ration cannot be properly assimilated.

While deploring the condition found in so many of the patients it gives me great pleasure to state that I found some encouraging cases in the recent general examination of patients referred to before. Fillings inserted in previous years had been appreciated and well taken care of and the consistent use of the dental brush, a virtue which never goes unrewarded, was at once apparent. In

fact some of the women patients exhibited as clean, wholesome months as it has ever been my pleasure to examine.

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These cases, even if few, are of great encouragement to the odontologist and should to you be an incentive to efforts toward their numerical increase.

In closing I would say that I do not consider myself duly qualified as an authority. Other men may have had entirely different opinions and experiences, but I have given my opinions and the grounds therefor, and my experiences at the St. Lawrence State Hospital. I doubt if the conditions elsewhere existing are better.

Nor do I ask you to take my word as to the existence of these many oral evils, rather preferring that you differ with me to such an extent that you will see for yourselves; and oral prophylaxis, a subject that has received little attention by the medical profession in general, and none whatever as far as the insane are concerned, will prove to be one, the study of which will be of marvelous interest to you and the greatest benefit to those whose welfare you have in charge.

Mr. Folks: Mr. Chairman and gentlemen — I am to make a brief report of what has been done under the resolution adopted by the last conference here a few weeks ago. The board of managers of the State Charities Aid Association at its first meeting after that conference appointed a committee on "after-care of the insane" — a sub-committee of the standing committee on the insane, of which the following are members:

Miss Schuyler, *chairman*;
Miss Clark, *secretary*;
Miss Florence M. Rhett,
Mrs. James Roosevelt,
Mrs. Herbert L. Satterlee,
Mrs. Frank S. Smith.

That committee plans to organize hospital "after-care" committees for the different State hospital districts and has already organized a committee for the Manhattan State Hospital, of which Miss Rhett is chairman. Something over \$2,000 has been collected by voluntary contributions toward the expenses of the "after-care" work including the salary and expenses of an agent. Miss E. H. Horton who is a graduate of the School of Philanthropy and has had experience as an assistant district agent of the Charity Organization Society, visiting and assisting families in New York city, has been secured as the salaried agent of the committee and began her work on the first of April. She is now visiting patients who are recently discharged or paroled from the Manhattan State Hospital, and also visiting the homes of patients about to be dis-

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charged as cured. A committee has also been appointed for the Willard State Hospital, the first meeting of which will be held at the hospital on the fourth of May. The work of the committee will be extended as far as practicable to other State hospital districts.

While I am on my feet, Mr. Chairman, perhaps I may take the opportunity to say that our attention has been called recently to the allegation that the insane while under examination for commitment are still sent to jails, lockups and station houses and subjected to improper care in such places. The grand jury for Queens county presented an indictment, or rather the findings of the grand jury set forth a very unfortunate state of affairs at the Queens county institution, in regard to the temporary custody of the alleged insane. We thought at first of attempting to secure some legislation on that subject this winter, but on examining the insanity law it appears that the provisions of that law are reasonably explicit as they stand, and that the insane or alleged insane cannot be sent to jails or similar institutions, except under certain circumstances. We have decided, therefore, to turn our efforts to this particular subject, to seek first a better enforcement of the existing law, and I would like to ask the different superintendents, if instances come to their notice of a flagrant character or specially serious evils occur in the sending of the alleged insane to jails in any part of the State, to be good enough to bring them to our attention. We will then take up the matter with the local officials and see, during the rest of this year, whether the present law cannot be carried into effect so as to obviate evils of this kind. If this should prove to be impossible, the facts which will thus have been brought to our notice will be the best possible argument to secure an amendment to the law next year, if such an amendment proves to be necessary.

Dr. Pilgrim: I am sure we have all been very much interested in Mr. Folks' remarks and that you will give him all the co-operation you can on the points presented. Now Dr. Butler's paper is open for discussion.

Dr. Hutchings: There seems to be no question more deserving of consideration than this one which has been brought to our notice by Dr. Butler. We hear a great deal about digestive ferments and remedies having for their object the improvement of nutrition through promoting digestion and assimilation. We have also devoted much thought to providing the kind of food best suited to the needs of those with feeble digestion, but the condition of the teeth and mouth has been strangely neglected. We have had, as the other hospitals have had, a dentist employed one day a month for a good many years. We have been very careful to send to him all

who ask to go and all who present external evidence of trouble with their teeth. This furnished as much material as could be well done in the two afternoons a month which has been given to this work, and we felt that we were doing all that was necessary. In attempting to find the cause of an unpleasant odor in one of the wards which had persisted for some time, we called upon the doctor to give us an opinion as to the condition of some of the patients' teeth, and were surprised to find in what bad condition some of the mouths were. The patients had not complained and gave no external evidence of having disease of the teeth, but the correction of these conditions promptly removed the odor referred to.

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This question has a more far reaching significance than that of ward odor even in a ward where the patients are of the chronic incurable class. I have always felt an especial interest in disturbed patients, assaulters, glass breakers and those who are noisy at night. They are nearly all cases of dementia præcox in a terminal stage, but there are many terminal dementia patients who are quiet, steady workers who cost but little to maintain, and do valuable work for the institution. The question suggests itself — are these different types of dementia,— is one foreordained to be a glass breaker and wear a strong suit, the other to drive a team on the farm? I believe not. My conclusion has been and is that the question is simply one of nutrition. The disturbed patient is, as a rule, pale, thin or flabby with coated tongue and other symptoms of malnutrition, while the working patient is usually well nourished. The insane are very subject to habits and the habit of being disturbed cannot be overcome at once, yet I have had the good fortune to see many disturbed patients converted into quiet and orderly patients by systematic attention to diet, exercise and other measures calculated to build up the strength combined perhaps, for the sake of breaking up the habit, with a transfer to a different ward. I recently had a striking example of the benefit of improved nutrition on disturbed patients. We had in one of our disturbed wards at group three a number of patients who ate especially badly at the table, they snatched food from each other, bolted it without chewing and refused to use fork or spoon. They were also the patients who made the most trouble on the disturbed ward, and the excitement of going to and from a large congregated dining-room was so great, that they hardly quieted down before the next meal. We determined to try an experiment on this class and we accordingly selected 18 examples, all of them women, and placed them on a liquid diet consisting largely of milk and eggs, which was served to them from a cup and they were not taken to the dining-room at all. The patients ranged in

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weight from 74 pounds to 126 pounds. The experiment has only been in operation for three weeks and it is too early to make a report upon the result, but I might say that all but three patients have gained in weight, one has remained stationary, and two have lost slightly; but the improvement in their conduct has been very marked even in this time. They sleep better, the excitement in the ward is much reduced, and without any suggestion on our part one of them, who has not been employed for the past six years voluntarily asked for work. From the manner in which these patients have been eating the conclusion is self-evident that they must have suffered severely from indigestion, and we know what this means in normal people, how much greater must have been the irritability in those with poorly balanced brains. A man or woman with good digestion is more likely to be cheerful and contented than one who has dyspepsia, as this term is popularly understood. The teeth are perhaps the most important factor in attaining this desirable end. There are not many patients who refuse to have their teeth worked on. For a few it is occasionally necessary to employ an anæsthetic. For those whose trouble is such that it cannot be remedied where many of the teeth have been lost, new teeth should be supplied where there is a reasonable prospect that the patient will take proper care of the plate and not let it be broken. Where this is impossible our duty is to provide such food as they can properly masticate.

Dr. Hurd: I wish to first thank Dr. Butler for his paper. I believe it is very timely and one which should attract a great deal of attention. I wish to speak of Dr. Butler's reference to the amount of attention which must be given the teeth. I am quite in accord with him in what he says on this point, but in order to do this we must have more time to devote to that work, and it has occurred to me that in some institutions, especially those located near a university center where different branches of medical schools are in operation, that dental students are sometimes employed as attendants. I speak perhaps from personal experience in our own institution; and it has occurred to me that our dental students, as attendants, might be utilized by our odontologist in the examination of the teeth, and in that way a great many more of the patients could be seen than is now possible. Another thing to which I wish to refer is the matter of supplying dentitions to patients. It has been our practice and I infer that the same is true of St. Lawrence, to estimate for artificial teeth when needed. We have found the Commission very liberal in that way, consequently our dentist does a great deal of work outside of the one-half day each week or two days a month in which he has to look over the wards. After hearing Dr. Butler's very clear statement there can be no doubt as to the beneficial effect on the individual's general

health of a good dentition. I wish to thank him again for his very interesting paper.

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Dr. Pilgrim: I would like to add just a word or two. I have listened to Dr. Butler's paper with a great deal of interest and I think the subject he has talked upon is one of very great importance. I agree with Dr. Butler that the allowance for dental service is quite inadequate to pay for all the work which ought to be done, but it has been our practice, as explained by Dr. Hurd, to make additional estimates for dental work. We also, wherever it is possible, collect the expenses from the friends. Where the friends are unable to pay for any unusual work we present an estimate to the Commission and have heretofore had no difficulty in having it allowed. I think that when a man takes the trouble that Dr. Butler has taken to come here and present his personal views, we should at least give him a vote of thanks, and if some one will make the motion the chair will be glad to put the same.

Dr. Howard: I have prepared a resolution and have been waiting for an opportunity to present it —

Resolved, That this conference extends to Dr. Butler our appreciation of his effort in our behalf by a special vote of thanks to him.

The resolution was seconded by Dr. Elliott and adopted unanimously.

Dr. Pilgrim: The next order of business is the memorial remarks in regard to the late Dr. Dent.

Dr. Macy: Mr. Chairman and members of the conference — As chairman of the committee appointed to prepare a memorial on the death of Dr. Dent at the last conference we have drawn the following memorial:

MEMORIAL TO DR. EMMET COOPER DENT

BY WM. AUSTIN MACY, M. D., AND GEORGE A. SMITH, M. D.

Dr. Emmet Cooper Dent, the superintendent of the Manhattan State Hospital at New York city, died suddenly on the morning of January 12, 1906, a little after four o'clock, of heart disease. Dr. Dent had always apparently enjoyed remarkably good health and was considered by his friends as a person of strong constitution. He had long been known as extremely fond of athletic and outdoor sports in the hours of relaxation, and in earlier years had even been somewhat of an athlete, and consequently the few premonitory signs, such as his abandoning smoking, to which he never was addicted to any considerable extent, etc., were no premonition to his friends of impending danger, and the shock of his sudden demise was consequently all the more severe, because it was so totally unexpected. While absolutely devoted to his work

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and untiring in his energy and zeal for accomplishment, the Doctor had always made it a matter almost of business regularity, to take his vacation, because of his feeling that he owed this to himself and his family, and that without the needed rest he would be unable to carry the burden of his work. Little by little his cares had grown from what originally was quite a large institution, until it had become probably the largest single collection of insane people cared for in hospital surroundings. In the month of November last, the writer accompanied Dr. Dent on one of his annual vacation trips to the south and during the time they were away, in the camp in the Mississippi delta section, and afterwards in the uplands of central Mississippi and western Alabama, Dr. Dent was always ready for his share of whatever fatigue each day's outing brought, and after his return home he expressed himself as feeling better than in a very long time.

On the morning of January 11th, in accordance with an arrangement made through correspondence by Dr. Dent, several of the superintendents of the New York State Hospitals met the doctor at New York city to discuss some business matters. At this time the Doctor expressed himself as very much fatigued and feeling worn, but none of us were particularly impressed by his statements, nor was much thought of what he had said, until after we were informed on the following day of his sudden death.

To one who has been associated as closely as the writer with Dr. Dent for a period of nearly 20 years, there is a particular sadness in writing these few words in memoriam of one who had become so close a friend. My first acquaintance with the Doctor was had about 1886, though we did not become associated professionally until 1888. At the latter time, Dr. Dent was the medical superintendent of the New York City Lunatic Asylum on Blackwell's Island, having been appointed to that position after a number of years' service on its medical staff, in the year 1886. Ever since that time we have continued in the closest personal relations, and it is a matter of great pleasure in speaking of such a friend, to you, his associates, to recall the fact that he was known to everyone as a man whose word was implicitly to be relied upon, deeply interested in all that pertained to his professional work, liberal and broad-minded in all the ordinary matters of life, intensely interested in the care of the poor unfortunates placed in his care, and universally beloved by all who came to know him well. During all of the years that we were together, his character was absolutely unchanged in these respects. He was never known to be untrue to principle or to his word, and those who went to him freely, were certain of finding sympathy and encouragement, while in business matters he was painstaking, careful, intelligent and of great perseverance. His ambition was constantly to excel

in his professional work and to place the standard of the care of the insane on the very highest possible basis. Often and often in later years, when discussing many of the matters relating to the study of psychiatry, have I heard the Doctor express regret that more had not been accomplished, and that a larger number of the actual workers were not more inclined, even than is the case, to fall into the work of original research and to pursue constantly and uninterruptedly, the studies which might lead to a greater success in these directions. While the Doctor was a keen lover of nature, fond of outdoor life, and when in the field on vacation trips a most interesting companion, fond of his horses, his dog and gun, as most men are who are of vigorous temperament, these outings, with him, were always looked upon as solely the means for recuperation, in order that he might return to his work with redoubled vigor and for greater effort. His charming personality endeared him to a very wide circle of acquaintances and whether among his associates at New York, his friends in the south, or, even among casual acquaintances who were unconsciously drawn to him, there was something which attracted and won interest from all who were intelligent and observing. At his work or on an outing, it was his custom to throw himself thoroughly into whatever he had in hand, and as well, whether at the bedside or in a medical consultation, or engaged in other work, or when found in the bosom of his family, or with friends, there was something so spontaneous, direct and pleasing in his manner that, his acquaintance, with many, served almost as an inspiration, and all of us who were associated with him professionally realize now that his noble manhood stood for whatever he felt was for the best and most uplifting, in any matter in which he might become interested. An acquaintance with such a character as this cannot but be inspiring and tend to draw us out of the ordinary rut of everyday affairs. We see here a picture of a live, practical, attractive man, of sufficient policy and tact to get along well with all of his varied surroundings, and yet unswerving and devoted to the principle and cause in which he believed.

Doctor Dent was born at Macon, Noxubee county, Mississippi, on October 11, 1857. Following the early days of home instruction and home schools, he attended school at Green Springs, Alabama, under Professor Tutweiler, and later at the military school at West Point, Mississippi, and afterwards at the theological school known as the Southwestern Presbyterian University at Clarksville, Tenn. He began the study of medicine at the University of Virginia, at Charlottesville, Va., in 1876, but afterwards came to New York city and entered the Bellevue Hospital Medical College, where he graduated February 27, 1879. Shortly prior to

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his final examination he obtained an appointment as assistant on the medical staff of the New York City Lunatic Asylum on Blackwell's Island, January 29, 1879, and served in various capacities on the said staff from the date of his appointment until 1886, when he was made medical superintendent. He served in this position in the growing institution, which even then was becoming very large, until this institution was later moved to Ward's Island, about one mile north of Blackwell's Island, in the East river, though a portion of the buildings on Blackwell's Island were retained for some five years. Later, in 1896, the various institutions for the insane of New York city were transferred to the care of the State Department for the Insane, under the supervision of the State Commissioners in Lunacy, and under the immediate direction of a board of managers, and Dr. Dent was continued as one of the medical superintendents, under the then general superintendent, Dr. A. E. MacDonald, having care of the women patients, and served in this position until the two large hospitals for the insane, then known as the Manhattan State Hospital, West, and the Manhattan State Hospital, East, were consolidated on June 1, 1905, at which time he became the superintendent of the consolidated institution and occupied that position until his death.

Doctor Dent was an active and prominent member of the medical profession at New York city and during the last few years of his life he had become connected with the New York School of Clinical Medicine, as professor of psychiatry, and gave regular lectures to classes of students, as well as demonstrations at his hospital.

Among the various medical societies and associations of which he was a member are the following: The Academy of Medicine; the Medico-Surgical Society; the Physicians' Mutual Aid Association; the American Medico-Psychological Association; the Psychiatric Society; the New York State Medical Society; the Medical Society of the County of New York and the Medical Association of the Greater City of New York.

In other societies he was a member of the Lotus Club of New York city; the New York Southern Society; an associate member of the Confederate Veterans, and a member of Holland Lodge No. 8, F. & A. M.

In connection with his active professional work among the insane many changes in treatment were carried on, or were introduced by Dr. Dent, particularly in the last 10 years of his life. His out-of-door treatment in pavilions and tents, not only for cases of tuberculosis, but for various forms of insanity, the attention which he gave to hydrotherapy, particularly in connection with the use of the continuous bath, about which he and others

have written considerably, and in a general way, his modifications of methods directed towards intelligent, humane and progressive care, are more or less known to you all, his general attitude in connection with his work endearing him to both patients and employees throughout his entire service. During the course of his administration on Blackwell's Island and Ward's Island, Dr. Dent saw the care of the insane transformed from the old county care system, with insufficient and inadequate appropriations and what would now be looked upon as insufficient care, to the basis of one of the most modern and carefully equipped hospitals, where everything is done for the patient that scientific care and treatment can suggest.

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By the death of Dr. Dent the people of the State of New York, the nearly 5,000 patients that were under his direct supervision, the officers and employees, the members of the medical profession and his associates and friends have lost a most able, disinterested and faithful associate and friend, whose loss will long be deplored, particularly by those who knew him best. Let us hope that the memory of his fine traits of character may stir us all to emulate the life he strove to live among us and to draw us closer together in helpfulness to all, especially towards those needing our charity and aid.

Dr. Eggleston: Mr. President and members of the conference, in the absence of Dr. Russell I have been requested to read the following:

"To me, Dr. Dent's death has brought a feeling of personal loss. I knew him for 20 years, and always found him a kind and helpful friend. During much of our acquaintance, and especially during the past two and a half years, I have had good opportunities to learn of his characteristics as a man and superintendent, and as I think of him it is with only regard, respect, and admiration. He was, I am sure, upright and honorable to the last degree. He was a gentleman in the best sense. He was entirely devoted to his work and his patients. He did not hesitate to risk his own life when it was necessary to save one of them from drowning, and the circumstances of his death suggest that he may have worked too hard. It is wonderful, I think, how in spite of the great demands made upon his executive abilities for many years, he never lost the professional aptitude, or freshness of medical interest. He presided regularly at his staff meetings, and was always stimulating and helpful; he gave lectures each year to the nurses, and also a course of clinical lectures for physicians; he attended medical meetings in the city, and found time for medical reading. Nor was he lacking in executive activity and efficiency. No one who has visited Manhattan State Hospital, West, could think this. Altogether he built up for

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himself as superintendent, for the hospital of which he had charge, and for the State care of the insane, a reputation to which we can point with pride. He was an honor to the profession and to the service."

Dr. Pilgrim: Dr. Macy has so well covered Dr. Dent's career and service to the State that there is very little left for anyone to say, but I cannot let the opportunity pass without expressing in a few words my own sense of personal loss at Dr. Dent's death. The Doctor, as you all know, was a man of unusual social qualities which made him a delightful companion and a loyal friend. All who went to Mexico at the time of the meeting of the American Medico-Psychological Association I am sure will always remember the efforts which he made to make everybody happy during those delightful days. As you all know Dr. Dent's private life was blameless. He was a kind husband, a devoted father, a steadfast friend, and I am sure that his untimely death will leave in the hearts of all who knew him a void which will be difficult to fill. Doctor Mabon, just before leaving, also requested me to express the sense of loss which the Commission feels in regard to Dr. Dent's death and to say for him that his loss is something more than official as he knew Dr. Dent for a number of years, probably better than any of us, and appreciated his good qualities, his kind heart, and his valuable work.

I think that disposes of the program for to-day, and if Dr. Hurd will take the chair for a few moments I would like to offer a resolution which may properly be offered and probably better even in Dr. Mabon's absence.

Doctor Hurd takes the chair.

Doctor Pilgrim: Mr. Chairman:

WHEREAS, We have learned that Dr. Mabon has resigned his position of president of the State Commission in Lunacy, be it

Resolved, That we desire to place upon record our appreciation of his valuable services to the State during his incumbency of that position, and further be it

Resolved, That while we view his resignation with regret we welcome him back to the ranks of superintendent and wish him every success in the management of the great institution to which he has been called.

The resolution was seconded by Dr. Macy and unanimously adopted.

Doctor Hurd: There is one item to which I wish to call your attention and that is regarding the program for the next conference. The topic committee this month have on the program Dr. Russell's paper referring to "Organization and methods of State hospital training schools," and Dr. Wagner's fuller report regarding the workings of the "Hospital for the tubercu-

lous" at Binghamton. The program has not been elaborated to any great extent, and probably this, with the discussion, will furnish sufficient, but if not and if any of the superintendents have any special point which they wish to bring up or wish written upon or wish to write upon I wish they would address themselves either to Dr. Hutchings, Dr. Pilgrim or myself, as we will be very glad to receive such suggestions.

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On motion, adjourned.

CARROLL F. SMITH

Secretary of the Conference

Conference of State Hospital Superintendents and representatives with the State Commission in Lunacy, held at the Century Club, Ogdensburg, July 11, 1906, at 11 A. M.

Present: Commissioners Pilgrim, Parkhurst and Viele.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Hudson River State Hospital, Frederick W. Parsons, M. D., Second Assistant Physician.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D., Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Kings Park State Hospital, Wm. A. Macy, M. D., Medical Superintendent.

Manhattan State Hospital, William Mabon, M. D., Medical Superintendent.

Central Islip State Hospital, M. B. Heyman, M. D., First Assistant Physician.

Managers Hon. Geo. M. Hine, Hudson River; John T. Darrison, Buffalo; Jervis Langdon, Binghamton; S. Mortimer Coon, George W. Dustin, Mrs. Mary Starbuck Goodale, John J. Robinson, M. D., Mrs. Annie Eliza Chatterton Daniels, Samuel F. Bagg, St. Lawrence; John Thatcher, Kings Park.

Mrs. Charles G. Wagner, Binghamton.

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Mr. Chairman: The conference will please come to order. This meeting was called at Ogdensburg instead of at Albany for the purpose of giving the representatives of the other hospitals in the State the opportunity of visiting one of the newest, and I need scarcely say one of the best, hospitals in the State. Therefore the business portion of the meeting will be comparatively brief, as the afternoon will be devoted to the visitation of the St. Lawrence State Hospital. The first thing on the program is Dr. Russell's paper on the "State hospital training schools for nurses."

STATE HOSPITAL TRAINING SCHOOLS FOR NURSES

BY WILLIAM L. RUSSELL, M. D.

Questions relating to the work and further development of the training schools for nurses arise so frequently in connection with the administration of the State hospitals, and have such an important relation to the good care and nursing of the insane, that an opportunity to confer concerning them will, I am sure, be welcomed. A more opportune time for such a conference could, perhaps, have scarcely been chosen, for the training of nurses seems to be just now undergoing a period of development which may have a distinct bearing on the success and prosperity of the State hospital schools. In the general hospital schools, and in at least one connected with an institution for the insane, courses have been lengthened, elaborated and improved, and in this State a system of registration and supervision by the State Department of Education has been introduced, with, according to *Charities*, strikingly beneficial effects. A similar movement seems to have started in England, and the protection of the interests of nurses trained in institutions for the insane was, in consequence, one of the topics at a recent meeting of the British Medico-Psychological Association. The question of State supervision and registration, important though it be, is not, however, the topic to be considered in this paper. The attitude and intention of the authorities of the State hospital schools in regard to this, is sufficiently apparent in the action already taken by some of the superintendents and by Dr. Mabon for the Commission in Lunacy. The considerations which I wish to present are always pertinent, and the present situation serves merely to give them point.

EARLY DIFFICULTIES

Before considering the work of the schools it will, it seems to me, be well to recall a few general facts regarding them which have an important relation to their present condition and future possibilities. It will be remembered, no doubt, that in the wide-

spread movement for the better nursing of the sick, with which are identified such eminent names as Pastor Fliedner, Charles Dickens, Elizabeth Fry and Florence Nightingale, and which culminated in 1859 in the establishment of the Nightingale School for Nurses, the interests of the insane had no part. By the public the insane were then, as they are to a considerable extent even now, looked upon as a class apart from the rest of the sick, and the idea of "nurses" for them was entertained by few, if any. So, when at last training schools were established in what were then called the asylums, it was not due to the operation of influences from without, as in the case of the general hospitals, but may be looked upon as the crowning effort of earnest superintendents, who, from the time of Pinel, had labored to improve the methods of care, and the character and efficiency of the attendants. It was, indeed, the stimulus and example of the general hospital schools that made possible the establishment of schools in the institutions for the insane; but the financial and moral support from private benevolence, and the stimulus of a wide field of remunerative work opened to the graduates, which have played such a large part in the success of the general hospital schools, have had little to do with the development of those of the State hospitals. This has been almost entirely an institution problem, and has been worked out with reference to the needs of the institutions, and with the material and resources at hand. The difficulties involved are well known to all present, and traces of them are still discoverable. Some of them are interestingly referred to by Dr. Cowles in a paper read before the International Medical Congress some years ago. (*Journal of Insanity*, v. 44, p. 176.) It was he, as you all well know, who first established a training school in connection with an institution for the insane, and demonstrated the lines on which it could be made successful. In this paper he says that before this school could be organized, five years were spent in preparation. During this period hospital ways and a hospital atmosphere were introduced into the work and life of the institution, and the attendants were gradually educated up to an expectation and desire to be trained. Even greater difficulties than at McLean were probably encountered in the public institutions. At the Nightingale, Bellevue and other pioneer general hospital schools many women of great intelligence and high moral purpose were among the first to take the training, and could then be utilized as teachers for others. In the institutions for the insane, on the contrary, the only people available for training were attendants who knew little of hospital ways or training, and in many instances cared less. From these had also to be obtained, if at all, such assistance in the practical training of others as had to be given by those employed in the

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actual care and nursing of the patients. Nurses trained in general hospitals could not be generally utilized, owing to the financial limitations of institutions supported entirely by public funds; and even if they could have been obtained, the experience at McLean and other hospitals had demonstrated that they were only partially successful, and could not be depended upon in the organization and management of a school in an institution for the insane.

IMPROVED CONDITIONS

It is, however, unnecessary to dwell further upon these difficulties, as, happily, they have been practically overcome. Hospital ways of doing the work have been introduced in all the institutions. Reception wards, wards for physical illnesses and surgical conditions, wards for the infirm and bedridden are equipped, organized and conducted on hospital lines. A large proportion of the attendants have received systematic instruction and training in the principles and practice of nursing, and the tendency is to apply these more and more in the treatment and management of the more dependent patients, and, in fact, of all the patients. The supervisors and charge nurses of wards in which the principal part of the systematic practical training and experience can best be given are, as a rule, among the best of the graduates, and either after or without some supplementary instruction, are competent to take an active part in the work of the schools. Graduates have also been sent to other State hospitals, to general hospitals, and to special hospitals or institutions, for instruction in special lines, so that in all the institutions it is now possible to obtain such organized and systematic assistance from the nursing force as is necessary for good practical training, and for the relief of the medical staff from details of instruction, which in the beginning no others were competent to attend to. The increasing size of the hospitals, with the consequent possibilities in classification and material for the purposes of the school, while it has disadvantages, has certainly rendered it more possible to arrange the course of training. Improvements in the hospitals also have tended to make the work less repulsive and difficult, and the life of the nurses more comfortable and interesting. Parallel with the improvements has also come some change in the attitude of the public toward the insane and the institutions, and the thought of working among the insane is more readily entertained. Improvements in the general standards of education and living have also rendered available a relatively larger number of persons possessing the intelligence and education necessary as a foundation for the training.

PRESENT METHODS

After this brief outline of some of the difficulties under which training schools in institutions for the insane have been established, remnants of which still remain to be adjusted, and of the improved conditions under which they are now operated, I beg to present a few considerations relating to the present work of the schools. This work may be divided into two parts. In the one may be included the lectures and text-book work; in the other the class-room drill and demonstrations in nursing procedures, and the practical training given in the actual caring for the patients and doing the hospital work. The first part has to do with the theoretical features of the course; the second with the practical or apprenticeship features. The lectures and text-book work are, as a rule, attended to by the physicians. The number of lectures given during the session is about 25 to each class, with a corresponding number of recitations. This part of the work is certainly attended to with extraordinary efficiency. In the general hospital schools the number of lectures is fewer, and the recitations are conducted by nursing instructors. At the Bellevue school the total number of lectures given by physicians during the three years' course is only 21, and in the New York City Training School at Blackwell's Island, 34. In a circular recently issued by the State Department of Education it is recommended that the lecture system be replaced by a system of instruction by competent teachers, with clinical demonstrations by physicians. This is in line with the more advanced methods of the medical and other professional schools. In the State hospitals, however, there are special reasons why physicians can and should take a more active part in the training of the nurses than in the general hospital schools, though possibly fewer lectures and more text-book work and recitations will hereafter become a feature. In fact, changes in this direction have already been made in some of the hospitals.

It is in the apprenticeship features of the course, however, that the changes in the methods and scope of the hospital work have specially opened the way for improvements, and great improvements have been made. From beginning service the attendant now works under the supervision of persons who have themselves received a systematic training, and throughout the institutions the attitude toward the patient, and the methods of care must be profoundly influenced by the addition of the graduates and pupil nurses. Specially trained nurses may be found in charge of the operating rooms and surgical nursing, massage, hydrotherapy, physical training and other special features of the work of the hospitals, and the opportunities for practical training of the nurses have vastly increased.

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So gradually have the changes in the hospitals been made, however, and so naturally have the improvements in the schools followed, that the possibility and need of better organization and system in the practical training have, perhaps, not everywhere received definite attention, though evidences of some attention are by no means lacking. The training itself has been elaborated, while the organization and system necessary for the best results have not always kept pace. The need of organization of members of the nursing force for the purposes of the school is set forth by Dr. Cowles in the paper already referred to. "The great point is," he says, "to keep clear in mind that the school system is a new and distinct department of asylum work; provide it, then, with adequate and special officers, or specially train the existing ones as teachers; and do not make its perpetuation dependent upon the continuous carrying on of its details and extra work by the medical staff, as a material addition to its duties." That Dr. Cowles did not mean by this that the medical staff should not still direct the school and attend to much of the work may be seen in the organization and schedule of the McLean School. (See 23d Annual Report McLean Hospital Training School for Nurses.) His recommendation is rather the logical outcome of his further statement that "true training" is to be regarded "as consisting of practical work in the wards and drill by teachers in class-room work," lectures being, he adds, after all a more subordinate feature less difficult to carry on, as, once prepared, they can readily be revised and repeated to the successive classes.

The organization for practical training proposed by Dr. Cowles provides that the head of the school shall be a woman who has received training in both a hospital for the insane and a general hospital. Such a head for the schools has not yet been definitely recognized in the State hospitals of this State, though in one the matron is referred to in the announcement as superintendent of the training school, and in others the matron or chief supervisor is practically in charge of much of the training. A circular issued by the United States Department of Education shows, however, that in other States, of 42 schools for nurses connected with institutions for the insane, 23 are supplied with a definite head apart from, though, of course, subordinate to, the superintendent of the hospital. The principal thing, however, is to have some responsible and competent nurse see that the practical training is carried out in a systematic and thorough way. Who this shall be, and by what title designated, will make little difference, and may at present have to vary to meet varying con-

ditions at different hospitals. The rest of the organization is to be made up from the supervisors, charge nurses, special nurses and others who take part in the practical training and instruction.

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The ward training, class-room drill and other apprenticeship features could be readily improved if the present methods of the different hospitals were learned and the best practicable features embodied into an outline for general guidance. This would result in a more elaborate system of practical instruction than is at present in operation at any one hospital, the work being also divided up among more instructors. As an illustration of the possibilities in this direction, but with no intention of indicating that it can be more than suggestive in outlining the work of the State hospital schools, I beg to bring to your attention the outline of the work at the New York City Training School. (See Circular of Information.) The following extract from a letter received from Miss Gilmour, the superintendent of this school, gives further explanation of the methods:

"The term 'lessons' is employed rather generally all through our work. Those given by the doctors are *lectures* throughout the year, during which the nurses take notes, and during their evening hours write a synopsis from these notes, which they hand in to me two days before the next lecture, for correction and marking, and on this work is based the term's standing of the pupils, as well as the results of the examination. The *practical demonstration* lessons cover two hours each, and include the subjects of bacteriology, dietetics, chemistry and practical nursing. The pupils are quizzed on the previous lesson, given some new work, which they are to study in connection with text-books; then the demonstration or handling of the articles themselves under the supervision of a teacher follows. A brief summary of the lesson is given at its close, and the pupils are given from two to three questions which they are required to write up with the aid of books and hand in to their several teachers for marking and correction before the next class. The remaining lessons, such as anatomy, materia medica, etc., cover about 30 minutes' quiz, 20 minutes' lecture or talk on the new lesson, and about 10 minutes' review and assigning written work to be handed in before the next lesson. This covers the ground, I think, very fully. Every class has at least 40 demonstration lessons in the junior year, 13 doctors' lectures, besides what we term general class work given by the assistants of the school."

There are many schedules and outlines now in use in the different State hospital schools which could be used in outlining a general plan for the guidance of all.

The practical training and experience obtained in different wards of the institutions, where different classes of patients are

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care for, may also be carried out more elaborately and systematically. More or less system in regard to this is now employed in all the State hospitals, and the best features would furnish a basis for a general plan. In this connection I beg to read to you part of a second letter from Miss Gilmour, in the last paragraph of which is outlined the system of rotation of pupil nurses at the New York City Training School:

"You may have one of our old circulars of information, so I send you a more recent one. I have marked on the outside the pages on which you will find lectures given by the physicians, and the subjects. There are 21 senior lectures given once a year, and 13 junior lectures, which are given twice a year.

"The part taken by the physicians on the house staff in the practical instruction of the nurses amounts to very little, as they are too busy to do more than their own work. The chief thing is the laboratory work of the urinalysis, and that covers about six practical demonstrations in the year, given to the junior class.

"Regarding our organization, the superintendent has entire charge of all the theoretical work of the graduating term. The practical work is carried on under the direct supervision of supervisors. Their work consists mainly of head nurses' work and acute service, operating room, etc. The assistant superintendent has charge of the theoretical classes for the senior year, the obstetrical work, both theoretical and practical, as she is the supervisor of our maternity hospital. The associate superintendent has charge of all practical demonstrations in both the preliminary and junior term. She also has the direct supervision of the ward work with three assistants, one for the male medical wards, one for the female medical wards and one for the surgical department. The second assistant, who is in direct control of the surgical department, teaches the anatomy and physiology, materia medica, solutions and the theoretical work of practical nursing, as well as surgical drill, to the preparatory class. Chemistry, dietetics and bacteriology are all taught by a dietician, who has a resident dietician as assistant, who looks after the practical part of the work.

"The nurses in charge of the wards are held responsible for the character of the work done by the pupil nurses. They are allowed as a privilege to attend some of the classes, so that they may observe methods of teaching in case they should wish to take charge of small hospitals themselves after they have graduated. Enclosed is a department slip which is filled out each week by the supervisor and approved by the assistant superintendent and handed to me.

"This covers the practical work. In addition to this, every class that is held is closed by giving the pupils two questions to

answer in writing, papers to be handed in two days before the next lessons on the same subject. These papers are marked on a basis of 100 per cent, and a very careful record is made of every mark gained by the pupils all through the term. We do not supervise the work at the almshouse.

"In answer to the question of the practical training of the nurses, that also appears in our circular. You will find it at the end of every term, but as it may be some little trouble for you to look up, I will roughly sketch what our work is:

"The course is three years. Two months is allowed for a vacation; three months for preparatory work; six months night duty; one month relieving. The remaining two years are divided: Three months, chronic medical; one month, diet kitchen; one month, chronic surgical; one month, operating room; two months, obstetrics; one month, gynæcology; one month, skin; one month, eye and ear; one month, erysipelas; six months, acute emergency service, including medicine, surgery, gynæcology and children; six months, charge of wards."

Perhaps more to the point is the following schedule, which has recently been adopted by one of the State hospital schools:

RECORD OF PRACTICAL TRAINING OF A PUPIL NURSE

During Second Period of Duty in Each Ward the Pupil Nurse is Given More Responsible Duties

JUNIOR YEAR

NAME.....

ENTERED.....1905

DATE	Special Ward Duty	Days	Remarks
	Convalescent Cases	1 Month (Inserted to show period of service planned for)	(Those under special treatment)
	Tubercular Ward	1 Month	
	Reception Ward	1½ Months	
	Acute-disturbed Cases	1½ Months	
	Medical and Surgical	4 Months	
	Epileptic Ward	1 Month	
	Chronic Ward	2 Months	
	Vacation	½ Month	

SENIOR YEAR

FINISHED.....1907

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DATE	Special Duty	Days	Remarks
	Convalescent Cases	1½ Months	
	<i>Tubercular Ward</i>	1 Month	
	<i>Reception Ward</i>	1½ Months	
	<i>Acute-disturbed Ward</i>	1½ Months	
	<i>Suicidal and Depressed</i>	1½ Months	
	<i>Operating Room</i>	Attend operations two days each week for two months being absent from whatever ward they may be on duty, usually taking one nurse from a service.	
	<i>Dispensary</i>	Two hours daily for twelve days, one nurse from a service, classes of three. This instruction given during the summer.	
	<i>Surgical-Special Duty</i>	1 Month	Care of cases before and after operations. Two weeks night duty. Two weeks day duty.
	<i>Medical and Surgical</i>	4 Months	At least 1 month night duty
	<i>Vacation</i>	½ Month	
	<i>Summary</i> Special duty Tubercular ward Reception ward Acute-disturbed Suicidal Operating room Dispensary Surgical Medical and surgical Vacation		

In connection with the rotation of pupil nurses in the New York City School, a system of reporting is employed by which a record of the efficiency and conduct of each is obtained, which is used in the rating for passing on to the next class or for graduation. Such a system could very easily be applied in the State hospitals. Should an outline of practical training and ward duty be prepared and adopted, the next step would seem to properly be a change in the requirements for graduation. At present the certificate required of the superintendent is that the prescribed period of training and three months' service in a "sick ward" have been completed. With a more elaborate outline for a guide, a certificate that the general requirements of this outline had been complied with might then be asked for, and, in addition, a rating made up

from the records kept during the course in regard to the practical efficiency, conduct, etc., of the candidates might be sent with the examination papers and be used in making the final rating. This would, it seems to me, add something to the value of the diploma, as an evidence of real efficiency in nursing. The same method might also be applied with advantage to the entrance examinations, in which now the general fitness and record of the candidate have no part in the rating.

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To some it may seem that some of the suggestions of this paper are at present impracticable, and I am aware that the difficulties in regard to them are much greater in some hospitals than in others. Most of the suggestions are, however, based on what is actually done in one hospital or another, and I have tried to keep within the possibilities. In hospitals in which the matrons are not trained nurses, the nominal head of the practical features of the school may, temporarily at least, be a chief supervisor, or even a supervisor, and the difficulties can gradually be overcome. Possibly special provision to meet such a situation might be feasible. Some attention may be given to post-graduate training of such supervisors, charge nurses and others as are expected to assist in the training school. This is already being done at some of the hospitals, with gratifying results. Physicians and matrons may assist in this, and in some instances it may be advisable to send one or more nurses to another State hospital or to a general hospital for training in special directions. The office of matron is one that, it seems to me, might profitably be given more attention. Those who enter the hospitals as attendants rarely have the breadth of training necessary to enable them to become fitted for a position as important as this, and unless provision can be made for specially training general hospital graduates for the position, it might be advisable to have recourse to such an institution as McLean for candidates. One hundred and four of the graduates of this school had previously graduated at the Massachusetts General Hospital School, and since the adoption of a three years' course all the members of the school spend eight months at this hospital, previous to graduation.

In order to bring to a practical issue the suggested changes in the methods and organization of the schools, which I have perhaps not very clearly outlined, I beg in conclusion to suggest as follows:

(1) That steps be taken to make the practical training of the pupil nurses more elaborate, systematic and thorough, and to utilize for this purpose all the available resources of the hospitals.

(2) That with this in view the committee on training schools be requested to prepare an outline of class-room drill, practical instruction and ward training which may be used as a general guide.

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(3) That this outline be made the basis of a certificate, and of a rating for practical efficiency by the hospital authorities of all candidates for graduation, this rating being used in connection with the markings on written examination, to make up the final average for graduation.

(4) That entrance to the school be based upon a rating for general fitness, as well as upon the result of a written examination.

(5) That the course of systematic instruction be extended so as to cover two full years. To do this, entrance examinations could be held twice a year, and the practical training kept up continuously. This would not interfere with graduation or the lectures, as now arranged, and the increase in wages of graduates is in any case not made until October.

(6) That the organization of the nursing force for the purposes of the school be made more complete and efficient, and the work assigned to it be more definitely outlined and made more systematic and thorough.

In carrying these suggestions into effect, much help can be obtained by a knowledge of the methods now employed in the different State hospitals and in the general hospitals, and the material that I have collected in the preparation of this article is at the disposal of the committee, if they wish to use it. For this material and other assistance I am indebted to the superintendents of the State hospitals, to Miss Gilmour, superintendent of the New York City Training School, to Miss Delano, superintendent of the Bellevue Training School, and to Dr. Tuttle, superintendent of the McLean Hospital.

Mr. Chairman: As Dr. Howard has been chairman of the committee on training schools for the State Hospitals for a number of years past, I will ask him to open the discussion on Dr. Russell's very instructive and interesting paper.

Dr. Howard: Mr. President and representatives of the State hospitals — In undertaking to discuss this paper, it is but fair to say that the committee on training schools of the New York State Hospitals has felt that it was its duty to be an aid to the hospitals in carrying out the work of the several schools, and in establishing some standard which would make a diploma from the State hospital training schools a definite article representing a certain amount of information and excellence in the work so far as it could be determined by a uniform examination. It has not been in any sense the intention of this committee to attempt to further the making of machine schools, but to act for the hospitals in those matters that it was impossible for each hospital to act for itself. It is not necessary for all to keep in the same line. I do not understand that it has ever yet been the intention

of the several hospitals to authorize the committee to issue a device that would interfere in any way with the individual workings of the several schools. I am much interested in the conclusions of Dr. Russell's paper, but I am in doubt as to whether a matter of such importance as is outlined therein should be referred to the training school committee as now constituted. It occurs to me that this paper is of such a valuable character that we ought not to let it pass without getting something out of it, and I hope that when a motion is made to carry into operation its suggestions it will put this work in more desirable shape than to have it referred to any one superintendent. Supposing it should fall on Dr. Hurd as a member of our committee to go ahead and lay out this scheme, he would be apt to be tempered quite largely by the remarkable success which has always accompanied the work at the Buffalo State Hospital; and certainly if Dr. Wagner should have this as his duty in connection with the main committee, his experience at Binghamton would be the principal guide, while Dr. Russell, of course, would have the benefit of his experience covering the whole State. We of the committee know that there are excellent schools at the several hospitals, and we know that these schools have steadily improved from year to year; and we know that this present year has brought out better papers than ever before, as shown by the uniform examination. It occurs to me that Dr. Russell, the author of this paper, should outline this scheme in all its details, and then the committee might serve a purpose in bringing it before the conference with a recommendation as to its adoption in full or in part, then, after having had time to consider it, by taking this scheme home and letting the different members of the hospital staffs who are working with the schools study it at their leisure, the conference could adopt a scheme which would be for the betterment of our whole school system. I was disappointed that Dr. Russell—I do not know whether he did before I came in—did not take up the matter of the registering of trained nurses, and clear up the doubts that are in the minds of some, relative to whether the schools of the State hospitals that are registered with the Board of Regents can in any way come under this committee as to who shall be pupil nurses. I understand that the schools registered with the Regents have definite requirements, to which they have agreed, and to which they pledge themselves from year to year, namely, that their pupil nurses have had a one year's course in a high school. If so, the examination for entrance conducted by the training school committee is certainly irregular. There was another point—the point as to the education required of these pupil nurses. This is an important matter. Supposing that we

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should require a high standard, such as that established by the Board of Regents I take it that some of the hospitals would have but two or three, or perhaps half a dozen pupils at the most for their training schools, and they are quite apt not to be capable of being made good nurses by the hospital. It seems to me that it would be desirable to keep the standard about as it has been. Those who have a moderate common school education can enter, and then, although many drop by the wayside, a few will graduate, as has been the case in past years. It is an extremely difficult question when industrial conditions are as they are at present. People can find employment everywhere at fully as good wages as the hospitals pay, with a less number of working hours in the day, and it would seem as if, so far as the men are concerned, we must have some greatly increased impetus to induce many to enter the training schools or the hospitals as attendants who can be properly classified as nurses after graduation. This is not true alone of our State; they have experienced the same difficulty in Massachusetts and in some of the western states. It has come to such a point that some of the hospital superintendents have urged that the spreading of women nurses on men's wards be carried to such a degree as to almost absorb the work unless more desirable men put in an appearance and are willing to work in the hospitals. With such poor material it is extremely difficult to make nurses. I hope that this committee may remain an advisory committee, and in no sense be called upon to direct the schools at the several hospitals, because it is only by persistent individual efforts that the hospitals, with the material and conditions as they are, can in my opinion have satisfactory schools. Of course, we have certain uniform principles that govern the whole system. At each hospital there must be some member of the staff whose work it is to conduct these schools, and, differing again from Dr. Russell, it seems to me that it would be a great mistake to have other people than the physicians conduct the schools in the hospitals. Now we well know that at the conference in New York city not long ago the outcry was raised with a great deal of force by many superintendents that the work of the hospital schools was so conducted that it was away from the physicians entirely; that in many general hospitals no physician had a word to say in regard to the curriculum or methods of conducting the training of nurses, and that it was to be deplored that the general hospital training schools were so far away from the medical profession; and some of the men who took part in that discussion in New York said that in their opinion the training schools in the New York State hospitals for the insane were in some respects superior to the schools in the general hospitals, and largely because of the intimate relations

that the medical members of the several staffs had toward the schools and maintain toward the schools throughout the whole course of training, not only in the lecture room, but on the wards. It is my belief that that general principle should continue, and that some member of the medical staff at each hospital should be chosen as the one to particularly direct, guide and carry on the work of instruction of the pupil nurses.

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Mr. Chairman: In conversation with Dr. Hutchings last evening I learned that he had given considerable attention to the matter of registration of nurses, and I hope the Doctor will be good enough to tell the conference the conclusions he has reached in the matter.

Dr. Hutchings: I find that this matter of registration that has been taken up by the Regents is going to have a very important bearing upon our training schools. Certain general hospitals and certain State hospitals having met the requirements of the Regents are permitted to have their schools registered and their graduates receive the title of registered nurses. The schools which can not offer this advantage to their graduates are going to be left behind in the race necessarily. One of the first questions that is often asked me by prospective nurses is, "Can I register as a trained nurse in the State?" and it seems to me that if the State hospitals are going to conduct a training school, which everyone concedes is absolutely necessary to provide trained employees for their own institutions, that we must meet this advantage which some of the general hospitals have, and be able to offer our graduates the opportunity of registration; if not, we will get those who are rejected by other hospitals, and those who know that they are not competent to be admitted to them, and the result will be that the State hospitals will be a dumping ground for their training schools which we should strive very hard to prevent. The trouble, as nearly all present know, arises from the difficulties which we find in supplying practical instruction in obstetrics and diseases of children. While all the schools are able to provide very thorough theoretical instruction and a fair degree, in my opinion, of practical instruction, particularly in those hospitals which send their nurses outside to take cases in private practice, I think that unless something is done in a uniform way throughout the State the majority of our schools will be left behind. The Regents are continually increasing their requirements; this year beginning the first of January they required that each pupil on beginning training shall have had one year in a high school, and I am reliably informed that it is the intention every year or two to increase this a year until finally only high school graduates will be eligible to become pupil nurses, and we can very

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well see where we will be when that takes place. High school graduates are not applying in very large numbers to State hospitals, and in my opinion that degree of education is not necessary to make successful nurses, as Dr. Howard very well stated, and as was brought out at Boston recently, the most apt and painstaking nurses are not always those of the best education. In fact in our recent examination among the men who came up for final examination only one failed, and he was the only high school graduate among them, and he very properly was not allowed to graduate as his standing in the class was low. An individual hospital seems able to do very little. Some few are registered, and those who are registered are likely not to be registered if they do not keep up with the advanced requirements of the Regents, and I have thought that it would be desirable to appoint a special committee whose duty it would be to confer with the Regents and ascertain just what can be done in this direction, both on the part of the State hospitals and on the part of the Regents, and recommend that at another conference either the succeeding one or the next one, some steps be taken by the conference as a unit to have the State hospital schools registered. It may be necessary to have some modification of the law, which I believe could be done if we took hold of it vigorously, and if it is agreeable I propose that a committee be designated to do this work.

Mr. Chairman. Is there any further discussion?

Dr. Mabon: In connection with what Dr. Hutchings has said, I would state for the information of the conference that I had a talk with Commissioner Draper, of the department of education, at the time I was in Albany, in reference to the registration of our training schools, and I made the suggestion to him that we should have a special registration act applying to our schools alone; that there are many things that we have in common, and that there are other conditions under the present act that we cannot meet, and therefore I believe it advisable that our nurses should be allowed to register; that they should be entitled to register under special conditions. He informed me that if there were such a bill introduced in the Legislature there would be no objection on his part, and it seems that is the way to meet the condition of registration.

Mr. Chairman: I quite agree with Dr. Mabon, and in fact I have been thinking of this matter for some time past, and if agreeable to the conference I will appoint Dr. Mabon, Dr. Hutchings and Dr. Russell members of such a committee to confer with Commissioner Draper and prepare a law, or an amendment to the law, which will enable our nurses to be registered.

Dr. Mabon: This subject is a very important one, and I find that conditions differ in all of the hospitals. It seems very proper that this matter should be submitted to the committee on training

Schools, with Dr. Russell as an advisory member, and the committee should get the opinion of every superintendent with regard to the needs of the schools, and how they can be best improved. It should be gone into very carefully; time should be taken to digest the other recommendations that have been made, a standard can thus be established to get together such an arrangement for all of the hospitals, leaving the individual hospitals to develop still further if they have the facilities for so doing, and I would, therefore, move that the whole matter of the training schools be left to the training school committee, with Dr. Russell as an advisory member, this committee to get information from every training school respecting the matter of registration.

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Mr. Chairman: This paper by Dr. Russell, seems to me to be upon one of the most important subjects that we could talk about, and I therefore hope that the discussion will not stop here, and that we still hear from as many of the members present as care to and are willing to speak upon the subject.

Dr. Wagner: It is needless to say that I have been very deeply interested in Dr. Russell's paper and express my personal thanks to him for the exhaustive manner in which he has gone into this subject. I do not feel prepared to discuss the paper to any length at the present time, but I would like to ask, if it is practicable, that this paper be printed as soon as possible and his suggestions be either incorporated in or made an appendix to the conference minutes, and that the whole matter be placed in the hands of all the superintendents as soon as possible in order that careful thought may be given to the suggestions that he has made and that we may make use of the suggestions, to some extent at least, in the course of instruction to be commenced this fall. There are very many points of interest that I think will occur to us if we go thoroughly into this matter; one that occurs to me now is that we should have a more definite connection with the general hospital training schools than exists at the present time. It seems to me if it were possible to have a candidate for graduation in our training school spend not only a certain period of time once in a general hospital, but twice or more times, a period of a month or so, so as to keep in touch with the scheme of instruction that is given in the general hospitals, it would be of much value. As regards the definite systematic scheme of instruction to be formulated for the entire course on the wards as well as in the schoolroom, it seems to me that that is a very important suggestion. I am not prepared to say that I would recommend that an iron clad rule of this kind be laid down, but if a formula might be adopted, a systematic scheme, and submitted at each hospital for use as far as may seem prac-

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ticable, I think that in the course of two or three years we would be able to shape our instruction so that it would be uniform without any forcible application. I will not take up any more time at present, but I think there is a great deal more to be thought of and said upon this subject.

Mr. Chairman: It may not be known by all the members of the conference present that this subject of nurses and training schools in hospitals for the insane attracted a great deal of attention at the recent meeting in Boston of the American Medico-Psychological Association; in fact it was one of the most important matters discussed at that time, and before the close of the meeting a resolution was introduced appointing a committee made up of members in different parts of the United States to arrange for a uniform system of instruction throughout the United States and Canada. Dr. Russell was appointed a member of that committee, and I am sure that when he gets at the work that the result will be extremely useful. Dr. Hurd, as the other member of the training school committee, will probably be able to discuss this matter in an interesting manner.

Dr. Hurd: Mr. President, ladies and gentlemen — I did not come prepared to make any remarks on the paper, as I supposed Dr. Howard would speak for the committee, and my remarks will be brief. The paper that Dr. Russell has presented is thorough and thoughtful, as is everything that he does, and in the main I agree with him. Buffalo has had a somewhat long experience in the conduct of a training school, — since 1884, in fact — and one of the things which seems to be taught by experience, is that nurses trained in a general hospital solely, have not been successful as instructors in our training school. Nurses trained in the institution, with a supplementary post-graduate course in a general hospital, have made for us the best nurses and the best instructors. We have had nurses from general hospitals, and I am free to say that their work was not as satisfactory as that of the nurses we have trained ourselves. I am of the opinion that didactic training should not be modified or reduced, and that is impressed upon me with more force because so many of our graduates do so well in competition with trained nurses in New York city, after a very short post-graduate course in practical work. The explanation it seems to me, is that their thorough didactic training gives them an excellent foundation and preparation for the more practical work of a post-graduate school, and I think we should not give up that feature of the training in which we are the strongest. In other words, I do not think we can have too much didactic instruction, because it puts them in a position where they are more thoroughly

capable of applying and appreciating the practical work which comes after, nor would I agree with the tendency which seems to be prevalent in many general hospitals, that others than the physicians should give the large bulk of the training. The officers of an institution who have the welfare and the success of their training school at heart, and who are physicians, are to my mind better instructors in the didactic work at least, and this keeps the relationship between the training school and physicians close, as it should be. Of course, practical instruction in all that pertains to medical and surgical work of the institution, should be given the nurses as thoroughly and completely as possible with the material available, but I would suggest that the one to see that this work is carried out and such instruction given, should be a medical officer, preferably the woman physician. The relations of the woman physician to the women nurses,—I speak more especially of women nurses because they are the ones with whom the training school has mostly to deal,—are so close, her knowledge of the capacities, capabilities and needs so much more thorough, that she it seems to me, is the one who can best supervise and see that practical instruction is given them.

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As regards the registration of nurses, it has been our ambition that our nurses should have the same standing, and have the same instruction, and even with the disadvantages under which they work, that they should come out as competent in the end, as the general hospital nurses. It would seem to be perhaps a letting down of the bars if we should have special legislation, as suggested. I have had a number of applications from our graduates in New York city to know if they were eligible for the degree of R. N. I have communicated with the Board of Regents, and their special examiner came to us and went over our curriculum,—I pointed out the obvious lack in institutions for the insane, which Dr. Hutchings has referred to, namely, training in children's diseases and obstetrics. Our work in surgery and gynecology seemed to meet his approval. We then arranged for members of the graduating class to have a certain number of weeks of special work in a children's hospital, and a certain number of cases of obstetrical work in a general hospital in the city, and he intimated that that would meet their requirements. If, however, high school graduation or study is henceforth to be required, I think that the committee might well devote their efforts to securing a modification of such regulation, for, as Dr. Hutchings says, high school graduates are not applying for the position of nurse to any great extent, and this seems to be a refinement which does not seem necessary. Eventually, I think we will be able to establish a three

years' course, which I think will solve a great many of our problems. In some localities one of the most serious problems is to get the right class of applicants. Many of them are ambitious, earnest students, but with a defective early education, which was evidenced by the fact that many questions were correctly answered scientifically in some of the examinations, but in English which left much to be desired.

Dr. Dewing: I would like to have Dr. Mabon's motion repeated.

Dr. Mabon: I moved that the matter of the schedule of the training school and its work in all its different branches be referred to the committee on training schools, with Dr. Russell as advisory member, and that this committee obtain from each superintendent suggestions as to how the course and the work of the training school can be improved. This motion is introduced with the idea that out of all the information that comes you may be able to get together enough to improve the schools very much, and I think that each school should go along on its own lines in special directions. One hospital has advantages, another has not. The Willard hospital is situated so far from the cities that they can not send their graduates to a hospital where diseases of children are treated and obstetrical cases cared for. Now those institutions that are so located should make some arrangement with city hospitals and get a common ground to work on and have a standard to work on. I do not believe we can get the same class of girls as in the general hospitals. It is hard to get attendants at present, let alone those who are going to enter the training class, and that being the case I think we should have a special registration.

Dr. Dewing: The conditions differ so greatly in the different hospitals and the subject is such an exceedingly complicated one, as Dr. Howard has intimated and Dr. Mabon has just stated, that it seems to me Dr. Mabon's motion is an exceedingly good one, and that study of this character for the purpose of actually formulating practical suggestions is necessary. It seems to me something of this sort should be done before anything definite is laid out for the hospitals; and that something definite should be laid out for the hospitals in the future seems to me to have been shown to be desirable by Dr. Russell and by the various gentlemen who have spoken, and I therefore second Dr. Mabon's motion.

The motion was unanimously adopted.

Mr. Chairman: The motion is carried, and Dr. Russell is appointed as a member of that committee. If there is no further discussion, I will ask Dr. Russell to close the discussion on this paper.

Dr. Russell: The way in which the discussion has closed by the turning over of this matter to the committee seems to leave it

almost unnecessary to say anything in closing, because the matter is only beginning. I would like to say in reply to Dr. Howard's statement, however, that I hope nobody will be scared by the spectre of committee-made schools. I think that when my paper is read carefully — it could hardly be expected that it would be correctly understood by simply hearing it read — it will be seen that there is no such intention in my suggestions. The committee now makes certain requirements for graduation in addition to the markings on written examinations. They require a certificate from the superintendent that the course has been of such a length, and that three months' experience on a sick ward has been given to the candidate. Now that requirement was introduced some time ago, and in the meantime the hospitals have gone away ahead of it. They are giving the nurses a lot more, and my suggestion is that the committee should first of all increase their requirements so as to meet the hospital standards, and in order to do so they should review what is actually being done in the hospitals, and, after reviewing it, formulate an outline, which, of course, would have to be submitted to the conference and adopted by the conference — not imposed on the hospitals by the committee — and then that outline, as adopted, should be made the basis of the certificate. Now, the only thing that is required for graduation is to make a certain mark on written examinations; then, the candidate would also have to receive a certain marking on practical efficiency, and I think the work now done would certainly bear that much of a requirement at the hands of the committee. I hope, then, that it will not be felt that I have suggested that the committee should actually run the schools. Another point, too, that Dr. Howard raised was in regard to people other than physicians conducting the schools. I do not recommend that. There is certain work connected with the schools that has to be done to make them schools in addition to what is done by the physicians. This is already being done in the hospitals, and I simply recommend that it be placed under an efficient person, and a more systematic and definite organization to carry out that particular feature of the school be formed. The school itself has to be conducted by the authorities of the hospital, and any organization is, of course, subject to the regulations and supervision of the authorities of the hospital. One point raised by Dr. Hurd in regard to the didactic instruction. I think I commended the theoretical instruction in the State hospitals as being superior to that in the general hospitals, and the only point that I would raise in connection with that is whether the lecture system should be modified, the number of lectures reduced perhaps, and more instruction given by means of text-book

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work and recitations, by the physicians, of course, largely. Also in regard to the introduction of general hospital nurses to give the practical training, I suppose that Dr. Hurd referred to what I said about the position of matron, and that was simply that it seemed to me that the matrons in the hospitals for the insane should have had some special training. Attendants as a rule have not had broad enough training for such an important position, and unless we are able to especially train general hospital nurses for the position by some special arrangement, as, for instance, by the creation of the position of assistant matron, we should look, perhaps, to McLean for candidates, where the nurses are given a double training, both in a general hospital and a hospital for the insane. I think I made it quite clear — I wanted to — that nurses trained in general hospitals only cannot be a success in the institutions for the insane. The experience at the McLean Hospital, at Hudson River and at the Kings County Hospital a number of years ago — 20 or more — demonstrated that quite clearly. So I think the recommendations are not quite as radical as might appear on the surface, and the work of the committee would co-ordinate with the work that is actually being done at the different State hospitals, and enable all to reap the benefit of the best features of each.

Mr. Chairman: At the last meeting of the conference one of the most important subjects ever taken up by the conference was discussed. I refer to the "After-care of the insane." This matter is attracting attention not only in this country but all over the world. Only a week or two ago I received a letter from Dr. Morel of Belgium warmly commending our efforts. The subject also received attention at the Boston meeting of the American Medico-Psychological Association, and as Dr. Mabon took a prominent part in the discussion I will ask him to tell the conference what was done at that time.

Dr. Mabon: The after-care of the insane was brought to the attention of the Association at Boston with the idea of having the principle endorsed by the Association so that it could be taken up in other states besides New York. I therefore had introduced a resolution commending the after-care principle, and this after discussion was adopted unanimously. I am able to say that the work as being carried on in New York city to-day is very, very helpful to the institution. We get not only an idea of the conditions under which the patients live and the difficult matters they have to contend with but we also find through an outside source whether we have the confidence of the people or not, and I am very glad to say that the agent of the after-care association reports that practi-

cally every home she goes into thanks the institution for the care that it has given the relative, and that no charges of abuse have been complained of. This comes from a source which makes us feel that our institutions are properly supervised, and if any abuses should arise we could detect them at the time and correct them.

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Mr. Chairman: If there is nothing further before the conference a motion to adjourn will be in order.

Dr. Hutchings: We have prepared a light luncheon in the adjoining room of which all the members attending the conference are invited and expected to partake. I have asked for a special car which will be at the foot of the street at 1:30, or as soon thereafter as needed, and we would like to have everyone come out to the hospital, and we will provide them with carriages to take them about the grounds for 10 or 15 minutes, and afterwards go through the wards.

I move that we adjourn. Carried.

CARROLL F. SMITH

Secretary of the Conference

GENERAL REVIEW OF STATE HOSPITALS

Medical Service

INSTITUTION	Number of physicians, in- cluding super- intendents and internes	Ratio of physicians to service	Annual per capita cost of medi- cal service
Utica.....	7	1 to 197	\$11.25
Willard.....	11	1 to 207	7.881
Hudson River.....	12	1 to 189	7.135
Middletown.....	9	1 to 144	10.07
Buffalo.....	10	1 to 169	10.29
Binghamton.....	8	1 to 193	9.02
St. Lawrence.....	11	1 to 165	8.52
Rochester.....	8	1 to 158	9.65
Gowanda.....	6	1 to 135.722	12.809
Kings Park.....	14	1 to 187	8.978
Long Island.....	5	1 to 238	5.731
Manhattan.....	32	1 to 137	7.90
Central Islip.....	16	1 to 228	6.275
Total.....	149	1 to 174	\$9.89

Employees

INSTITUTION	Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Number of attendants	Annual per capita cost of all employees
Utica.....	254	1 to 4.64	1 to 8.38	141	\$81.234
Willard.....	470	1 to 4.728	1 to 8.814	258	75.674
Hudson River.....	460	1 to 5.	1 to 8.	283	73.6821
Middletown.....	255	1 to 5.07	1 to 7.94	163	71.844
Buffalo.....	329	1 to 5.14	1 to 9.24	183	70.128
Binghamton.....	310	1 to 4.98	1 to 7.29	212	74.369
St. Lawrence.....	357	1 to 5.08	1 to 11.7	154	68.188
Rochester.....	246	1 to 5.14	1 to 7.35	169	65.83
Gowanda.....	177	1 to 4.6	1 to 10.44	78	72.829
Kings Park.....	492	1 to 5.313	1 to 11.67	224	66.235
Long Island.....	224	1 to 5.31	1 to 8.75	136	65.3812
Manhattan.....	758	1 to 5.78	1 to 9.3	470	59.5258
Central Islip.....	528	1 to 6.928	1 to 11.255	325	50.7418
Total.....	4,860	.....	.....	2,796	\$66.58

OPERATIONS OF STATE HOSPITAL SYSTEM

Fuel and Light

INSTITUTIONS	Total annual cost	Annual per capita cost	Total number of tons of coal consumed	Average purchase price
Utica.....	\$18,239.30	\$15.46	5,970	\$2.93
Willard.....	32,477.69	14.28	11,927	2.67
Hudson River.....	45,934.99	20.29	13,390	3.36
Middletown.....	20,417.53	15.78	6,255	3.19
Buffalo.....	27,230.05	16.10	14,405	1.84
Binghamton.....	40,266.61	26.05	13,645	2.85
St. Lawrence.....	42,415.72	23.55	13,318	3.13
Rochester.....	28,494.19	22.94	10,627	2.63
Gowanda.....	15,916.10	19.54	7,798	2.01
Kings Park.....	64,671.21	24.74	17,187	3.76
Long Island.....	19,014.12	15.96	4,851	3.83
Manhattan.....	41,603.58	9.52	22,907	1.73
Central Islip.....	81,478.08	22.27	24,013	3.35
Total.....	\$478,159.17	.....	166,293	.....
Average.....	.....	18.43	.....	\$2.82

Recoveries on Original Admissions

INSTITUTION	Percentage
Utica.....	24.59
Willard.....	34.56
Hudson River.....	20.23
Middletown.....	33.67
Buffalo.....	23.23
Binghamton.....	29.03
St. Lawrence.....	28.84
Rochester.....	22.40
Gowanda.....	44.87
Kings Park.....	27.66
Long Island.....	29.06
Manhattan.....	22.36
Central Islip.....	22.41
Total.....	25.48

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Deaths on Whole Number Treated

INSTITUTION	Percentage
Utica.....	7.32
Willard.....	5.68
Hudson River.....	7.35
Middletown.....	4.19
Buffalo.....	6.3
Binghamton.....	6.6
St. Lawrence.....	7.22
Rochester.....	7.79
Gowanda.....	3.86
Kings Park.....	4.48
Long Island.....	9.36
Manhattan.....	6.56
Central Islip.....	7.11
Total.....	6.5

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1906

ARTICLES	UTICA		WILLARD		HUDSON RIVER		MIDDLETOWN	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$.06005	\$12.01286	\$.0598	\$13.997	\$.062	\$12.7805	\$.06	\$10.355
Poultry, per pound.....	.16189	.32008	.11	.35	.1696	.5722	.16	.559
Wheat flour, per barrel.....	3.85794	5.47631	*3.76	*1.947	4.05	6.2834	4.352	5.734
Butter, per pound.....	.213	7.98831	8.90	3.112	.2207	8.7071	.21	8.446
Milk, per gallon.....	.10235	.53943	.2104	8.756	.1252	1.0117	.12	.694
Cheese, per pound.....	.18981	.....	.103	.839	.1332	3.9393	.133	9.062
Eggs, per dozen.....	.15334	2.87991	.....	.....	.2111	3.5617	.202	3.523
Tea, per pound.....	.11809	1.44321	.....	3.605	.1526	5.4833	.135	.231
Coffee, per pound.....	4.564	1.47824	.....	1.497	.1183	1.4881	.12	1.383
Sugar, per hundred weight.....	2.07259	2.40405	4.60	2.528	4.514	2.4595	4.70	2.529
Liquor, per gallon.....	.....	.07766	1.04	.068	2.19	.179	.....	.....
Bread, per pound.....	.....	.....	.....	.....	.....	.....	.....	.....

*Made from local wheat.

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price, etc.—(Concluded)

ARTICLES	KINGS PARK		LONG ISLAND		MANHATTAN		CENTRAL ISLIP	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$.0612	\$11.068	\$.062048	\$12.4613	\$.0641	\$13.6853	\$.0605	\$11.5532
Poultry, per pound.....	.1488	.575	.1492	.667	.1479	.6695	.1625	.3016
Wheat flour, per barrel.....	4.14	6.333	4.3169	.6596	3.9928	4.7237	3.8475	5.185
Butter, per pound.....	.2194	9.304	.2171	8.513	.2168	8.6982	.213	7.8938
Cheese, per pound.....	.1226	.878	.0898	.6821	.1111	.8405	.1217	7.8811
Milk, per gallon.....	*.6624	*6.084	*.622	*3.805	*.6224	*7.4057	*.6624	*8.6159
	†.122	†2.916	†.16	†5.439	†.1724	†1.451		
Eggs, per dozen.....	.1988	4.109	.19441	3.7658	.1887	3.675	.177	3.2336
Tea, per pound.....	.1513	.427	.1539	.423	.1526	.4759	.1512	.4569
Coffee, per pound.....	.1179	1.491	.1205	1.512	.1198	1.4454	.118	1.4192
Sugar, per hundred weight.....	4.52	4.4708	4.4708	2.428	4.44	2.3910	4.44	2.2962
Liquor, per gallon.....	2.174	.174	2.05	.1652	2.576	.0135	1.90	.0909
Bread, per pound.....	.....	.....	.0281	8.3962	.....	.....	.....	.....

*Condensed milk. †Fresh milk.

OPERATIONS OF STATE HOSPITAL SYSTEM

LICENSED PRIVATE ASYLUM SYSTEM

General Statistics for the Year Ending September 30, 1905

INSTITUTION	REMAINING OCTOBER 1, 1905			ON ORIGINAL COMMITMENTS						TOTAL NUMBER UN- DER TREATMENT DURING YEAR			Daily Average Population	Capacity of Institution
	Men	Women	Total	FROM RESIDENCES			BY TRANSFERS FROM OTHER INSTITUTIONS FOR THE INSANE			Men	Women	Total		
				Men	Women	Total	Men	Women	Total					
Bloomingsdale.....	147	181	328	46	24	70	4	2	6	197	207	404	400	
Providence Retreat.....	23	85	108	20	23	43	1	4	5	44	112	156	125	
Marshall Sanitarium.....	23	28	51	23	15	38	.....	1	1	46	44	90	80
Long Island Home.....	33	45	78	11	18	29	1	5	6	45	68	113	90	
Brigham Hall Hospital.....	23	28	51	17	14	31	.....	.....	.....	40	42	82	51
Sanford Hall.....	11	21	32	5	8	13	.....	.....	.....	16	29	45	44
St. Vincent's Retreat.....	.....	90	90	.....	28	28	.....	2	2	.....	120	120	150
Breezehurst Terrace.....	8	16	24	1	5	6	.....	1	1	9	22	31	35
Waldmere.....	4	2	6	5	2	7	2	.....	.....	11	4	15	8
Greenmont-on-the-Hudson.....	1	1	2	.....	2	2	.....	.....	.....	1	3	4	3
Dr. MacDonald's House.....	5	3	8	3	2	5	2	6	8	10	11	21	8	
The Pines.....	3	6	9	1	.....	1	.....	.....	.....	4	6	10	9
Vernon House.....	1	2	3	.....	.....	.....	.....	1	1	2	3	5	4
Interpines.....	3	5	8	3	6	9	.....	1	1	6	12	18	10
Glennary.....	3	14	17	8	2	10	.....	.....	.....	12	16	28	15
River Crest.....	54	43	97	46	46	92	18	25	43	118	114	232	132	
Dr. Combes' Sanitarium.....	19	22	41	21	12	33	1	1	2	41	35	76	46	
Dr. Kellogg's House.....	.....	1	1	.....	2	2	.....	.....	.....	.....	3	3	1
Knickerbocker Hall.....	.....	10	11	3	5	8	.....	5	5	4	20	24	8
Dr. Bond's House.....	4	2	6	1	2	3	.....	.....	.....	5	4	9	5
Riverview Sanatorium.....	.....	.....	.....	.....	2	2	.....	.....	.....	.....	3	3	2
Dr. Everett's House*.....	.....	.....	.....	.....	1	1	.....	1	1	.....	2	2	12
The Knollst.....	.....	.....	.....	12	7	19	2	2	4	14	9	23	8
Total.....	366	605	971	228	226	454	32	58	90	626	889	1,515	1,008	
													1,477	

*License issued Dec. 28, 1905.

†License issued Nov. 11, 1905.

OPERATIONS OF STATE HOSPITAL SYSTEM

Licensed Private Asylum System—(Concluded)

INSTITUTION	DISCHARGED DURING YEAR										WHOLE NUMBER			REMAINING OCTOBER 1, 1906				
	AS RECOVERED		AS IMPROVED		AS UNIMPROVED		DIED		Men not insane		Men	Women	Total	Men	Women	Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men							Women	Total
Bloomingdale.....	13	12	25	19	9	28	12	7	19	.....	51	31	82	146	176	322	
Providence Retreat.....	5	11	16	4	8	12	3	2	5	.....	17	26	43	27	86	113	
Marshall Sanitarium.....	7	6	13	2	2	4	7	3	10	.....	19	14	33	27	30	57	
Long Island Home.....	3	3	6	6	3	9	9	3	6	.....	17	15	31	29	53	82	
Brigham Hall Hospital.....	.....	4	4	7	5	12	4	2	6	.....	11	16	27	29	26	55
Sanford Hall.....	1	2	3	3	1	4	2	.....	2	.....	6	6	12	10	23	33
St. Vincent's Retreat.....	.....	9	9	.....	4	4	.....	5	2	.....	.....	24	24	.....	96	96
Beechhurst Terrace.....	.....	3	3	.....	1	1	.....	.....	2	.....	3	7	10	6	15	21
Waldmore.....	2	1	3	2	1	3	.....	.....	2	.....	6	3	9	5	1	6
Greenmount-on-the-Hudson.....	.....	.....	.....	1	1	2	.....	.....	.....	.....	1	1	2	1	2	3
Dr. MacDonald's House.....	1	.....	1	1	.....	.....	1	.....	1	.....	.....	1	1	6	3	4
The Pines.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	3	4
Vernon House.....	.....	.....	.....	2	1	3	1	.....	1	.....	1	.....	1	2	3	4
Interpines.....	1	1	2	2	1	3	1	1	1	.....	1	3	4	2	9	13	
Glenmary.....	3	2	5	4	1	5	1	1	1	.....	8	7	15	4	9	13	
River Crest.....	4	11	15	46	41	87	11	4	15	1	76	66	142	42	48	90		
Dr. Combes' Sanitarium.....	10	6	16	11	7	18	1	3	4	.....	24	17	41	17	18	35	
Dr. Kellogg's House.....	1	1	2	1	1	2	.....	.....	.....	.....	3	3	6	3	3	6
Knickerbocker Hall.....	1	5	6	1	1	2	1	4	5	.....	3	13	16	1	7	8	
Dr. Bond's House.....	1	1	2	1	1	2	.....	.....	3	.....	3	3	6	2	3	5
Riverview Sanatorium.....	.....	.....	.....	.....	2	2	1	1	3	.....	.....	1	1	.....	2	3
Dr. Everett's House.....	1	1	2	2	3	5	4	.....	4	.....	9	6	15	5	3	8
The Knollst.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	53	74	127	109	100	209	51	33	84	1	263	266	529	363	623	986		

*License issued Dec. 28, 1905.

†License issued Nov. 11, 1905.

STATISTICS

STATE HOSPITAL STATISTICS

TABLE No. 1

Showing the number of registered insane remaining in the State hospitals October 1, 1905, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1906

	UTICA STATE HOSPITAL			WILLARD STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1905.....	551	607	1,158	1,127	1,168	2,295	1,100	1,192	2,292
Admitted during year ending September 30, 1906.....	166	152	318	171	102	273	287	238	525
On original commitments.....	163	150	313	115	98	213	266	224	490
From county houses.....	.....	.....	.....	3	1	4	11	8	19
By transfer from other institutions for insane.....	3	2	5	53	3	56	10	6	16
Total number under treatment during year.....	717	759	1,476	1,298	1,270	2,568	1,387	1,430	2,817
Daily average population.....	559	621	1,180	1,115	1,159	2,274	1,088	1,176	2,264
Capacity of institution.....	556	554	1,110	1,147	1,175	2,322	990	1,045	2,035
Discharged during the year:									
As recovered.....	38	39	77	41	34	75	58	45	103
As improved.....	24	26	50	17	16	33	38	23	61
As not improved.....	23	17	40	10	12	22	66	77	143
As uncommitted.....	6	.....	6	1	1	2	5	4	9
Died.....	66	42	108	95	51	146	110	97	207
Whole number discharged during year.....	157	124	281	164	114	278	277	243	523
Remaining October 1, 1906.....	560	635	1,195	1,134	1,156	2,290	1,110	1,184	2,294

STATE HOSPITAL STATISTICS

TABLE No. 1.—(Continued)
 Showing the number of registered insane remaining in the State hospitals October 1, 1905, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1906

	MIDDLETOWN STATE HOMEOPATHIC HOSPITAL			BUFFALO STATE HOSPITAL			BINGHAMTON STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1905.....	588	698	1,286	779	922	1,701	715	752	1,467
Admitted during year ending September 30, 1906.....	122	120	242	226	181	407	126	226	352
On original commitments:									
From county houses.....	118	114	232	218	178	396	123	115	238
From county houses.....							2	8	10
By transfer from other institutions for insane.....	4	6	10	8	3	11	1	103	104
Total number under treatment during year..	710	818	1,528	1,005	1,103	2,108	841	978	1,819
Daily average population.....	586	708	1,294	778	913	1,691	712	834	1,546
Capacity of institution.....	597	625	1,222	771	907	1,678	718	805	1,523
Discharged during year:									
As recovered.....	42	36	78	58	34	92	38	34	72
As improved.....	26	35	61	47	44	91	16	22	38
As unimproved.....	8	8	16	13	19	32	14	15	29
As not insane.....		1	1	15	5	20			1
Died.....	38	26	64	73	60	133	63	57	120
Whole number discharged during year.....	114	106	220	206	162	368	131	129	260
Remaining October 1, 1906.....	596	712	1,308	799	941	1,740	710	849	1,559

STATE HOSPITAL STATISTICS

TABLE No. 1 — (Continued)
 Showing the number of registered insane remaining in the State hospitals October 1, 1905, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1906

	ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL			GOWANDA STATE HOMEOPATHIC HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1905.....	900	822	1,722	461	762	1,223	405	380	785
Admitted during year ending September 30, 1906.....	247	191	438	157	159	316	87	85	172
On original commitments:									
From residences.....	182	132	314	141	149	290	81	66	147
From county houses.....	3	2	5	12	6	18	4	5	9
By transfer from other institutions for insane.....	62	57	119	4	4	8	2	14	16
Total number under treatment during year.....	1,147	1,013	2,160	618	921	1,539	492	465	957
Daily average population.....	949	852	1,801	469	773	1,242	415	399	814
Capacity of institution.....	957	836	1,793	500	805	1,305	417	395	812
Discharged during year:									
As recovered.....	56	36	92	28	41	69	36	34	70
As improved.....	28	38	64	40	25	65	13	24	37
As unimproved.....	17	8	25	14	6	20	6	2	8
As not insane.....	4	2	6	.....	.....	.....	1	.....	1
Died.....	79	77	156	53	67	120	21	16	37
Whole number discharged during year.....	184	159	343	135	139	274	77	63	140
Remaining October 1, 1906.....	963	854	1,817	483	782	1,265	415	402	817

STATE HOSPITAL STATISTICS

TABLE No. 1—(Continued)

Showing the number of registered insane remaining in the State hospitals October 1, 1905, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1906

	KINGS PARK STATE HOSPITAL			LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1905.....	1,139	1,432	2,571	414	659	1,073	1,778	2,615	4,393
Admitted during year ending September 30, 1906.....	347	249	596	173	314	487	396	848	1,244
On original commitments:									
From residences.....	277	238	515	160	246	406	354	785	1,139
From county houses.....	1	1	2	.....	.....	.....	18	46	64
By transfer from other institutions for insane.....	69	10	79	13	68	81	24	17	41
Total number under treatment during year..	1,486	1,681	3,167	587	973	1,560	2,174	3,463	5,637
Daily average population.....	1,163	1,451	2,614	439	751	1,190	1,741	2,628	4,369
Capacity of institution.....	996	1,424	2,420	333	672	1,005	1,317	2,167	3,484
Discharged during year:									
As recovered.....	82	61	143	31	87	118	114	155	269
As improved.....	24	26	50	24	41	65	154	256	410
As unimproved.....	16	12	28	109	13	122	55	144	199
As not insane.....	7	2	9	1	3	4	10	1	10
Died.....	79	63	142	72	74	146	167	203	370
Whole number discharged during year.....	208	164	372	237	218	455	499	759	1,258
Remaining October 1, 1906.....	1,278	1,517	2,795	350	755	1,105	1,675	2,704	4,379

STATE HOSPITAL STATISTICS

TABLE No. 1 — (Concluded)

Showing the number of registered insane remaining in the State hospitals October 1, 1905, the number admitted on original commitments and by transfers during the year, the total number under treatment and the number remaining September 30, 1906

	CENTRAL ISIP STATE HOSPITAL			ALL HOSPITALS		
	Men	Women	Total	Men	Women	Total
Remaining October 1, 1905.....	2,037	1,515	3,552	11,994	13,524	25,518
Admitted during year ending September 30, 1906.....	683	290	973	3,188	3,155	6,343
On original commitments:						
From residences.....	656	274	930	2,854	2,769	5,623
From county houses.....	6	1	7	60	78	138
By transfer from other institutions for insane.....	21	15	36	274	308	582
Total number under treatment during year.....	2,720	1,805	4,525	15,182	16,679	31,861
Daily average population.....	2,144	1,514	3,658	12,158	13,779	25,937
Capacity of institution.....	2,394	1,442	3,836	11,693	12,852	24,545
Discharged during year:						
As recovered.....	143	67	210	765	703	1,468
As improved.....	70	60	130	521	621	1,142
As unimproved.....	47	18	65	398	351	749
As not insane.....	4	1	5	53	21	74
Died.....	198	124	322	1,114	957	2,071
Whole number discharged during year.....	462	270	732	2,851	2,653	5,504
Remaining October 1, 1906.....	2,258	1,535	3,793	12,331	14,026	26,357

STATE HOSPITAL STATISTICS

TABLE No. 2
General Statement of the State Hospitals, September 30, 1906

	Utica State Hospital	Willard State Hospital	Hudson River State Hospital	Middletown State Homeopathic Hospital	Buffalo State Hospital
Date of opening.....	1843	1869	1871	1874	1880
Total acreage of grounds and buildings.....	455	1,205	812	281	183
Value of real estate, including buildings.....	\$1,170,000 00	\$1,435,577 71	\$2,556,070 05	\$1,137,646 00	\$2,606,892 17
Value of personal property.....	105,000 00	211,300 00	228,442 51	85,000 00	119,798 15
Acreage under cultivation.....	340	*847	422	90	62
Receipts during year, maintenance fund:					
Balance on hand October 1, 1905.....	\$776 47	\$8,209 96	\$3,046 01	\$4,150 39	\$1,800 81
From State treasury for maintenance on estimates, 1 to 12, inclusive.....	236,860 00	402,050 00	436,529 62	242,050 00	327,425 70
From private patients.....	11,818 63	10,737 32	10,017 54	35,483 73	8,538 68
From reimbursing patients.....	12,167 78	18,098 99	19,664 01	15,183 00	28,660 40
From all other sources.....	889 19	3,601 22	1,120 10	1,552 79	1,183 02
Total receipts for maintenance.....	\$262,502 07	\$432,707 69	\$470,377 28	\$298,419 91	\$367,608 61
Total receipts from State Commission in Lunacy for extraordinary improvements, including balance on hand Oct. 1, 1905.....	\$62,346 16	\$42,271 78	\$98,164 29	\$81,186 59	\$34,320 80
Balance deficit of.....	\$5,721 71				
Total receipts from manufacturing fund including balance Oct. 1, 1905.....	\$94,472 35	\$1,359 82	\$369 28		
Disbursements during year for maintenance:					
Estimate No. 1. For officers' salaries.....	\$16,028 27	\$20,725 54	\$16,153 84	\$15,934 76	\$19,416 80
Estimate No. 2. For wages.....	95,859 39	172,081 25	166,816 48	92,965 93	118,585 74
Estimate No. 3. For provisions and stores.....	64,929 88	111,288 04	143,425 08	81,262 08	115,526 45
Estimate No. 4. For ordinary repairs.....	5,947 88	8,136 54	11,088 95	5,865 39	7,196 96
Estimate No. 5. For farm and grounds.....	8,359 27	9,227 34	12,555 40	6,418 98	2,696 51
Estimate No. 6. For clothing of patients.....	5,250 19	16,207 38	16,215 77	4,983 71	11,737 12
Estimate No. 7. For furniture and bedding.....	7,056 31	14,208 79	14,766 08	7,733 37	11,590 00
Estimate No. 8. For books and stationery.....	1,857 34	1,796 43	2,654 49	1,291 92	1,771 53
Estimate No. 9. For fuel and light.....	18,239 30	32,477 69	45,934 99	20,417 53	27,230 05
Estimate No. 10. For medical supplies.....	1,425 72	2,611 47	2,823 01	1,225 08	2,597 57
Estimate No. 11. For miscellaneous expenses.....	4,844 81	9,172 27	11,866 17	4,587 09	7,935 75
Estimate No. 12. For transportation.....	1,892 32	2,479 98	4,844 01	1,168 01	968 73
Total disbursements, estimates 1 to 12 inclusive.....	\$231,690 68	\$400,412 72	\$449,144 39	\$243,853 85	\$327,253 21

STATE HOSPITAL STATISTICS

Paid State treasurer—sundry receipts	\$24,869 60	\$18,943 76	\$30,040 33	\$50,982 84	\$37,326 55
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$62,346 16	\$42,271 78	\$98,164 29	\$78,783 00	\$34,320 80
Total disbursements during year, manufacturing fund	\$79,155 61	\$1,118 61	\$369 28		
Balances October 1, 1906:					
General maintenance fund	\$5,941 79	\$12,232 60	\$110 19	\$3,583 22	\$3,156 32
Manufacturing fund	9,595 03				
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	3.78	3.38	3.80	3.62	3.72
Maximum rate of wages paid attendants:					
Men					
Women					
Minimum rate of wages paid attendants:					
Men					
Women					
Proportion of day attendants to average daily population	1 to 10	1 to 10	1 to 11	1 to 10	1 to 11
Proportion of night attendants to average daily population	1 to 49	1 to 63	1 to 55	1 to 50	1 to 48 3
Percentage of daily patient population engaged in some kind of useful occupation	51	48	65	32	53
Estimated value of farm and garden products during year	\$25,500 00	\$47,848 18	\$22,312 34	\$14,140 00	\$4,367 48
Estimated value of articles made or manufactured by patients during year	11,500 00	27,814 34	38,044 00	3,800 00	21,539 92

*Includes 40 acres rented.

STATE HOSPITAL STATISTICS

TABLE No. 2 — (Continued)
General Statement of the State Hospitals, September 30, 1906

	Binghamton State Hospital	St. Lawrence State Hospital	Rochester State Hospital	Gowanda State Homeopathic Hospital	Kings Park State Hospital
Date of opening.....	1881	1890	1891	1898	1895
Total acreage of grounds and buildings.....	*1,173	990	2164	500	889.74
Value of real estate, including buildings.....	\$1,130,000 00	\$2,532,405 72	\$626,076 24	\$885,329 21	\$3,835,259 60
Value of personal property.....	200,000 00	143,000 00	51,424 83	91,262 82	184,548 73
Acreage under cultivation.....	720	451	60	304	299
Receipts during year, maintenance fund:					
Balance on hand October 1, 1905.....	\$13,022 02	\$115 27	\$761 01	\$3,153 01	\$955 19
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	294,950 00	334,750 00	244,000 00	159,700 00	522,773 42
From private patients.....	2,836 31	4,328 02	1,253 26	225 70	.....
From reimbursing patients.....	8,417 29	11,297 26	10,972 10	7,743 59	25,004 52
From all other sources.....	1,544 96	615 79	380 53	6 66	1,832 48
Total receipts for maintenance.....	\$320,770 58	\$351,106 34	\$257,366 90	\$170,828 96	\$549,610 42
Total receipts from State Commission in Lunacy for extraordinary improvements, including balance on hand October 1, 1905.....	\$108,111 12	\$39,480 85	\$86,095 06	\$42,611 30	\$13,356 37
Total receipts from manufacturing fund, including balance October 1, 1905.....	\$1,711 21	\$15,136 85	\$26,241 58	.....	\$132 10
Disbursements during year for maintenance:					
Estimate No. 1. For officers' salaries.....	\$16,858 80	\$18,330 26	\$15,241 59	\$13,330 94	\$23,467 48
Estimate No. 2. For wages.....	114,974 17	122,801 25	81,760 51	59,306 90	173,138 86
Estimate No. 3. For provisions and stores.....	86,913 26	88,937 29	82,292 70	40,544 06	169,754 31
Estimate No. 4. For ordinary repairs.....	10,356 05	11,233 59	3,932 86	5,425 84	15,606 53
Estimate No. 5. For farm and grounds.....	9,717 33	9,329 73	6,032 37	4,854 53	11,490 12
Estimate No. 6. For clothing of patients.....	8,581 67	10,520 83	10,618 71	3,933 94	25,349 17
Estimate No. 7. For furniture and bedding.....	7,420 31	9,207 82	5,325 48	3,166 25	12,248 86
Estimate No. 8. For books and stationery.....	1,904 07	1,972 35	2,117 88	1,106 31	2,864 09
Estimate No. 9. For fuel and light.....	40,266 61	42,415 72	28,404 19	15,018 10	64,671 21
Estimate No. 10. For medical supplies.....	1,828 30	1,507 04	1,880 32	888 87	4,299 73
Estimate No. 11. For miscellaneous expenses.....	7,152 19	7,566 17	5,447 94	5,985 83	12,892 42
Estimate No. 12. For transportation.....	2,030 95	3,990 88	520 98	1,191 93	1,642 31
Total disbursements, estimates 1 to 12 inclusive.....	\$308,003 71	\$327,812 93	\$243,731 53	\$155,653 50	\$517,425 09

STATE HOSPITAL STATISTICS

Paid State treasurer—sundry receipts.....	\$11,642 11	\$15,625 28	\$12,307 21	\$7,969 29	\$25,544 52
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$108,111 12	\$39,480 85	\$85,399 49	\$42,611 30	†207 03 \$55,841 00
Total disbursements during year, manufacturing fund.....	\$1,230 50	\$15,135 10	\$20,400 54	.....	\$10,896 41
Balances October 1, 1906:					
General maintenance fund.....	\$1,124 76	\$7,668 13	\$1,328 16	\$7,206 17	\$7,388 27
Manufacturing fund.....	480 71	1 75	5,841 04	.....	2,592 06
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3 83	3 49	3 77	3 675	3 80
Proportion of day attendants to average daily population...	1 to 8 5	1 to 14	1 to 8	1 to 10	1 to 14
Proportion of night attendants to average daily population...	1 to 52	1 to 67	1 to 48	1 to 48	1 to 64
Percentage of daily patient population engaged in some kind of useful occupation.....	50	60	57	52	42
Estimated value of farm and garden products during year...	\$24,201 32	\$32,549 74	\$11,875 75	\$20,521 38	\$23,559 93
Estimated value of articles made or manufactured by patients during year.....	18,000 00	20,438 50	14,187 62	2,943 82	37,536 00

*Includes 60 acres rented. †Deficit in bank account deposited in First National Bank of Northport. ‡Includes \$1.13 deficit for wages.

STATE HOSPITAL STATISTICS

TABLE No. 2 — (Concluded)
General Statement of the State Hospitals, September 30, 1906

	Long Island State Hospital	Manhattan State Hospital	Central Islip State Hospital	All Hospitals
Date of opening.....	1895	1896	1889	.....
Total acreage of grounds and buildings.....	30	245	1,000	.....
Value of real estate, including buildings.....	.....	\$4,163,000 00	\$2,080,325 05	\$24,158,581 75
Value of personal property.....	.....	277,000 00	235,000 00	2,010,347 48
Acreage under cultivation.....	12	65	264	3,936
Receipts during year, maintenance fund:				
Balance on hand October 1, 1905.....	\$2,088 13	*\$3,021 50	\$5,606 56	\$40,663 33
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	235,150 00	740,481 46	583,700 00	4,760,410 20
From private patients.....	.....	162 25	.....	75,411 44
From reimbursing patients.....	10,482 48	18,143 79	11,939 50	197,774 71
From all other sources.....	1,432 00	6,729 54	1,714 93	22,603 21
Total receipts for maintenance.....	\$249,152 61	\$765,517 04	\$602,960 99	\$5,098,929 40
Total receipts from State Commission in Lunacy for extraordinary im- provements, including balance on hand October 1, 1905.....	\$1,401 65	\$68,350 24	\$84,581 88	\$762,278 09
Total receipts from manufacturing fund, including balance October 1, 1905.....	\$1,200 00	.....	.....	\$134,901 48
Disbursements during year for maintenance:				
Estimate No. 1. For officers' salaries.....	\$13,645 69	\$38,908 50	\$24,455 02	\$256,497 46
Estimate No. 2. For wages.....	77,869 08	260,068 32	185,613 76	1,726,848 53
Estimate No. 3. For provisions and stores.....	88,594 92	268,300 86	201,806 21	1,543,575 26
Estimate No. 4. For ordinary repairs.....	4,694 54	32,437 76	14,831 91	136,754 80
Estimate No. 5. For farm and grounds.....	3,863 33	8,159 57	11,007 75	103,712 23
Estimate No. 6. For clothing of patients.....	5,848 43	28,450 79	26,831 03	174,528 74
Estimate No. 7. For furniture and bedding.....	6,843 05	21,896 73	12,443 64	134,706 71
Estimate No. 8. For books and stationery.....	1,732 36	3,450 24	2,500 13	28,525 57
Estimate No. 9. For fuel and light.....	19,014 12	41,603 58	8,478 08	478,159 17
Estimate No. 10. For medical supplies.....	2,229 38	4,636 58	3,363 86	31,322 93
Estimate No. 11. For miscellaneous expenses.....	5,702 66	26,661 27	19,337 72	130,841 31
Estimate No. 12. For transportation.....	325 49	318 60	2,496 68	23,870 87
Total disbursements, estimates 1 to 12 inclusive.....	\$230,383 05	\$734,992 82	\$587,065 79	\$4,769,343 57

STATE HOSPITAL STATISTICS

Paid State treasurer—sundry receipts.....	\$10,650 89	\$22,852 50	\$12,862 63	\$281,592 51
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$1,401 65	\$68,350 24	\$84,581 88	\$801,663 56
Total disbursements during year, manufacturing fund.....				\$128,306 05
Balances October 1, 1906:				
General maintenance fund.....	\$7,264 90	\$4,178 17	\$3,032 57	\$64,215 25
Manufacturing fund.....	1,200 00			19,710 59
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.72	3.23	3.08	3.536
Maximum rate of wages paid attendants:				
Men.....				30 00
Women.....				22 50
Minimum rate of wages paid attendants:				
Men.....				22 00
Women.....				16 00
Proportion of day attendants to average daily population.....	1 to 10.5	1 to 12	1 to 11	
Proportion of night attendants to average daily population.....	1 to 52	1 to 41	1 to 69	
Percentage of daily patient population engaged in some kind of useful occupation.....	43	79	68	
Estimated value of farm and garden products during year.....	\$1,979 74	\$15,411 61	\$16,137 94	\$260,405 41
Estimated value of articles made or manufactured by patients during year.....	3,250 00	63,845 20	29,655 74	292,555 14

* Deficit.

Total includes Purchasing steward's department:

Estimate No. 1.....	\$3,999 97
Estimate No. 2.....	5,006 88
Estimate No. 8.....	1,424 43
Estimate No. 11.....	1,489 02
Total, Purchasing steward's department.....	\$11,920 30

STATE HOSPITAL STATISTICS

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc.) . . .	84	151	235	19	35	54
Mental strain, worry and overwork(not included in above)	126	181	307	30	38	68
Religious excitement . . .	12	18	30	4	9	13
Love affairs (including seduction)	8	38	46	2	10	12
Fright and nervous shock	24	49	73	7	16	23
Physical:						
Intemperance	630	216	846	128	64	192
Sexual excess	27	4	31	3	1	4
Venereal diseases	150	47	197	29	8	37
Masturbation	69	3	72	22	2	24
Sunstroke	10	3	13	2		2
Accident or injury	79	18	97	14	5	19
Pregnancy		35	35		19	19
Parturition and puerperium		88	88		21	21
Lactation		7	7		3	3
Change of life		135	135		34	34
Fevers	12	6	18	1	1	2
Privation and overwork . .	41	26	67	5	1	6
Epilepsy	84	84	168	26	23	49
Other convulsive disorders	2	5	7			
Diseases of skull and brain	38	26	64	19	11	30
Old age	218	276	494	27	33	60
Exophthalmic goitre		6	6		1	1
Epidemic influenza	2	6	8		1	1
Abuse of drugs	16	29	45	2	7	9
Loss of special sense . . .	3	2	5			
Uraemic poisoning	1		1			
All other bodily disorders and ill'health	127	152	279	21	39	60

STATE HOSPITAL STATISTICS

Table No. 3—(Concluded)

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
Hereditary.....	183	287	470	218	331	549
Congenital defect.....	86	87	173	38	31	69
Unascertained.....	1,083	1,106	2,189	110	129	239
Not insane.....	42	17	59	2	1	3
Constitutional inferiority..	28	47	75	57	21	78
Nervous diseases.....	3	.....	3	.....	.....	.....
Total.....	3,188	3,155	6,343	786	895	1,681

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Admitted	Recovered	Died
Alcoholic insanity.....	591	301	49
General paralysis.....	565	2	407
Senile insanity.....	591	2	465
Epilepsy with insanity.....	201	18	111
Imbecility, idiocy with insanity.....	128	17	18
Other psychoses.....	4,202	1,128	1,020
*Not insane.....	65	.....	1
Total.....	6,343	1,468	2,071

*Includes cases of alcoholism, drug habit, etc.;

TABLE No. 5

Temporarily discontinued

STATE HOSPITAL STATISTICS

TABLE No. 6
Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	248	235	483	29	8	37	2,997	3,129
One to three months.....	146	146	292	210	114	324	2,088	2,232
Three to six months.....	61	80	141	224	245	469	989	1,169
Six to nine months.....	46	32	78	110	139	249	536	598
Nine months to one year....	31	25	56	50	70	120	228	247
One year to eighteen months.	30	26	56	60	60	120	341	378
Eighteen months to two years	6	7	13	28	22	50	121	109
Two to three years.....	20	20	40	24	19	43	216	255
Three to four years.....	8	9	17	12	11	23	109	94
Four to five years.....	2	3	5	6	2	8	54	57
Five to ten years.....	9	6	15	10	9	19	103	116
Ten to twenty years.....	3	3	6	2	4	6	33	56
Thirty to forty years.....	.....	.....	.....	.....	.....	.....	.....	.....
Not insane*.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained.....	155	111	266	.....	.....	.....	10	4
							1,327	1,191
Total.....	765	703	1,468	765	703	1,468	9,152	9,535
							18,687	18,687

* Includes cases of alcoholism, opium habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	3	2	5	84	51	135
Scarlet fever.....				1		1
Measles.....				2	1	3
Mumps.....				2	6	8
Small pox.....				3	4	7
Influenza.....				25	78	103
Cerebro-spinal meningitis.....				1	2	3
Diphtheria.....				10	24	34
Erysipelas.....	4	9	13	136	96	232
Septicemia and pyemia.....	13	11	24	80	71	151
Dysentery.....	1	25	26	119	195	314
Malarial affections.....				1	4	5
Syphilis.....				15	17	32
Tuberculosis.....	138	207	345	1,490	2,620	4,110
Anthrax.....					2	2
Constitutional diseases:						
Rheumatism (or rheumatic affections).....				4	6	10
Arthritis deformans.....					2	2
Diabetes mellitus and diabetes insipidus.....	3	3	6	18	18	36
Scurvy, purpura and haemophilia.....	1	1	2	3	14	17
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				11	30	41
Diseases of the stomach.....	6		6	47	49	96
Diseases of the intestines.....	45	62	107	768	899	1,667
Diseases of the liver..	3		3	89	58	147

STATE HOSPITAL STATISTICS

Table No. 7—(Continued)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the pancreas.....				3	23	26
Diseases of the peritoneum.....	3	3	6	76	55	131
Appendicitis.....					1	1
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				6	3	9
Diseases of the bronchi.....	2	11	13	149	139	288
Diseases of the lungs.....	105	109	214	1,971	1,324	3,295
Diseases of the pleura.....	2	6	8	37	34	71
Diseases of the circulatory system:						
Diseases of the pericardium.....	2	4	6	16	73	89
Diseases of the heart.....	141	148	289	1,473	1,439	2,912
Arterio-sclerosis.....	34	41	75	236	160	396
Aneurism.....				21	17	38
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....		1	1	10	22	32
Hodgkin's disease, Addison's disease and myxœdema.....				3	4	7
Exophthalmic goitre.....		1	1		10	10
Diseases of the genito-urinary system.....	43	51	94	826	727	1,553
Diseases of the nervous system:						
Diseases of the nerves.....	1	1	2	3	20	23
Diseases of the spinal cord.....	3		3	50	25	75
Diseases of the meninges.....	7	6	13	177	92	269
Organic diseases of brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	53	50	103	965	940	1,905

STATE HOSPITAL STATISTICS

Table No. 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....	2	2	4	19	72	91
Epilepsy.....	35	23	58	580	327	907
Mental diseases:						
Exhaustion of acute mental disease....	50	29	79	913	1,052	1,965
Exhaustion of chronic mental disease....	47	23	70	498	367	865
General paralysis of the insane.....	316	61	377	3,899	725	4,624
The intoxications; heat-stroke; obesity:						
Alcoholism.....				4	2	6
Opium habit.....				2	1	3
Metallic poisoning.....				4	1	5
Heat-stroke.....		2	2	11	7	18
Obesity.....					1	1
Debility of old age.....	28	37	65	667	931	1,598
Accident.....	10	1	11	81	38	119
Suicide.....	4	2	6	103	42	145
Nephritis.....	1	1	2	21	19	40
Surgical and gynecological diseases and diseases of the skin	2	2	4	56	92	148
Malignant new growths or cancer.....	6	22	28	142	313	455
Unknown.....					1	1
Total.....	1,114	957	2,071	15,933	13,346	29,279

STATE HOSPITAL STATISTICS

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	162	190	352	3,086	2,898	5,984
Maternal branch.....	159	230	389	3,154	3,869	7,023
Paternal and maternal branches.....	39	41	80	587	645	1,232
Collateral branches....	293	318	611	3,576	4,371	7,947
No hereditary tendency	1,902	1,585	3,487	23,682	22,325	46,007
Unascertained.....	633	791	1,424	14,870	14,413	29,283
Not insane.....				84	17	101
Total.....	3,188	3,155	6,343	49,039	48,538	97,577

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	1,515	1,156	2,671	24,049	18,098	42,147
Married.....	1,332	1,345	2,677	19,642	20,547	40,189
Widowed.....	253	557	810	3,953	8,473	12,426
Divorced.....	28	29	57	268	342	610
Unascertained.....	53	37	90	1,120	1,047	2,167
Separated.....	7	31	38	7	31	38
Total.....	3,188	3,155	6,343	49,039	48,538	97,577

STATE HOSPITAL STATISTICS

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	55	14	69	1,021	225	1,246
Academic.....	88	145	233	1,648	1,940	3,588
Common school.....	1,531	1,681	3,212	26,562	22,545	49,107
Read and write.....	382	150	532	8,325	9,169	17,494
Read only.....	38	73	111	1,415	2,136	3,551
No education.....	399	129	528	3,357	4,346	7,703
Unascertained.....	695	963	1,658	6,711	8,177	14,888
Total.....	3,188	3,155	6,343	49,039	48,538	97,577

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	111	125	236	157	111	268	1,591	1,395	2,986	2,236	1,706	3,942
One to three months.....	121	103	224	132	94	226	1,794	1,343	3,137	1,949	1,371	3,320
Three to six months.....	91	72	163	101	80	181	1,174	813	1,987	1,659	1,183	2,842
Six to nine months.....	69	40	109	75	51	126	1,028	621	1,649	1,075	834	1,909
Nine months to one year.....	48	45	93	55	50	105	517	383	900	861	691	1,552
One year to eighteen months	98	74	172	81	82	163	1,047	763	1,810	1,337	1,229	2,566
Eighteen months to two years	38	36	74	63	36	99	667	329	996	937	623	1,560
Two to three years.....	73	53	126	75	68	143	1,171	872	2,043	1,358	1,039	2,397
Three to four years.....	46	47	93	49	58	107	688	571	1,259	863	896	1,759
Four to six years.....	60	43	103	67	88	155	772	688	1,460	1,033	1,036	2,069
Six to ten years.....	41	49	90	93	99	192	626	675	1,301	1,195	1,218	2,413
Ten to twenty years.....	56	60	116	121	108	229	765	820	1,585	1,047	1,072	2,119
Twenty years and over.....	23	27	50	45	32	77	459	544	1,003	385	441	826
Not insane*.....	.....	.....	.....	.....	.....	.....	10	6	16	4	1	5
Unascertained.....	239	183	422	.....	.....	.....	3,630	3,517	7,147	.....	.....	.....
Total.....	1,114	957	2,071	1,114	957	2,071	15,939	13,340	29,279	15,939	13,340	29,279
Average duration of insane life (years and tenths).....	6			7.2			5.6			6.8		
							6.6			6.2		

* Includes cases of alcoholism, drug habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				4	4	8
From 10 to 15 years...	6	7	13	149	113	262
From 15 to 20 years...	165	166	331	2,147	1,970	4,117
From 20 to 25 years...	334	291	625	4,885	4,613	9,498
From 25 to 30 years...	370	364	734	5,867	5,793	11,660
From 30 to 35 years...	412	402	814	6,234	5,982	12,216
From 35 to 40 years...	390	401	791	6,560	5,866	12,426
From 40 to 50 years...	679	621	1,300	9,835	9,644	19,479
From 50 to 60 years...	402	422	824	6,346	6,603	12,949
From 60 to 70 years...	248	273	521	3,976	4,243	8,219
From 70 to 80 years...	144	150	294	2,094	2,317	4,411
From 80 to 90 years...	30	50	80	557	650	1,207
From 90 to 100 years.....		2	2	24	29	53
Over 100 years.....					2	2
Unascertained.....	8	6	14	361	709	1,170
Total.....	3,188	3,155	6,343	49,039	48,538	97,577

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	57	63	120	604	712	1,316
From 20 to 30 years...	191	194	385	2,499	3,061	5,560
From 30 to 40 years...	211	196	407	2,435	2,646	5,081
From 40 to 50 years...	166	149	315	1,984	1,763	3,747
From 50 to 60 years...	97	71	168	1,027	938	1,965
From 60 to 70 years...	30	23	53	462	325	787
From 70 to 80 years...	10	6	16	104	67	171
Over 80 years.....				6	3	9
Unascertained.....	3	1	4	19	13	32
Total.....	765	703	1,468	9,140	9,528	18,668

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...	1	.....	1	15	17	32
From 15 to 20 years...	2	6	8	177	170	347
From 20 to 25 years...	33	41	74	524	524	1,048
From 25 to 30 years...	42	58	100	832	780	1,612
From 30 to 35 years...	93	63	156	1,382	987	2,369
From 35 to 40 years...	101	76	177	1,933	1,293	3,226
From 40 to 50 years...	242	180	422	3,530	2,432	5,962
From 50 to 60 years...	211	163	374	2,870	2,366	5,236
From 60 to 70 years...	197	183	380	2,505	2,371	4,876
From 70 to 80 years...	137	126	263	1,658	1,719	3,377
From 80 to 90 years...	50	54	104	533	645	1,178
Over 90 years.....	1	5	6	26	60	86
Unascertained.....	4	2	6	34	31	65
Total.....	1,114	957	2,071	16,019	13,395	29,414

STATE HOSPITAL STATISTICS

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	623	668	1,291
One to three months.....	427	421	848
Three to six months.....	296	291	587
Six to nine months.....	176	154	330
Nine months to one year.....	114	129	243
One year to eighteen months.....	195	163	358
Eighteen months to two years.....	108	90	198
Two to three years.....	170	162	332
Three to four years.....	89	99	188
Four to five years.....	72	71	143
Five to ten years.....	140	189	329
Ten to fifteen years.....	57	81	138
Fifteen to twenty years.....	32	39	71
Twenty to thirty years.....	32	42	74
Thirty years and upwards.....	11	42	53
Not insane*.....	46	18	64
Unascertained.....	600	496	1,096
Total.....	3,188	3,155	6,343

*Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	265	206	471
One to three months	484	450	934
Three to six months	409	538	947
Six to nine months	355	445	800
Nine months to one year	287	513	800
One year to eighteen months	799	1,359	2,158
Eighteen months to two years	653	684	1,337
Two to three years	897	981	1,878
Three to four years	988	959	1,947
Four to five years	670	1,043	1,713
Five to ten years	2,466	2,850	5,316
Ten to fifteen years	2,112	2,167	4,279
Fifteen to twenty years	1,267	1,123	2,390
Twenty to thirty years	554	546	1,100
Thirty years and upwards	124	162	286
Not insane*	1	.....	1
Total	12,331	14,026	26,357

* Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	86	8	94	1,669	137	1,806
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	406	3	409	7,013	97	7,110

STATE HOSPITAL STATISTICS

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	332	.....	332	5,654	13	5,667
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	539	2	541	8,160	4	8,164
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	461	3	464	6,956	61	7,017
Domestic service:						
Waiters, cooks, servants, etc.	85	1,235	1,320	1,846	18,022	19,868
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	26	1,258	1,284	423	20,022	20,445
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	47	84	131	306	726	1,032
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.	35	210	245	322	3,634	3,956
Miners, seamen, etc.	37	.....	37	542	.....	542
Prostitutes. . . . .	.....	7	7	.....	76	76
Laborers.	873	.....	873	12,096	2	12,098
No occupation.	193	287	480	2,802	4,359	7,161
Unascertained.	68	58	126	1,250	1,385	2,635
Total.	3,188	3,155	6,343	49,039	48,538	97,577

STATE HOSPITAL STATISTICS

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Total admissions.....	3,188	3,155	6,343	48,881	48,412	97,293
Total born in United States.....	1,815	1,654	3,469	26,874	23,559	50,433
Africa.....				8	2	10
Algeria.....				5	1	6
Alsace.....	1		1	1	1	2
Antigua.....				1		1
Arabia.....				4		4
Armenia.....	2		2	17	2	19
Austria.....	70	93	163	694	828	1,522
Australia.....				6	6	12
Azores (Portugal).....					1	1
Bahama Islands.....				1		1
Barbados.....				4		4
Bavaria.....	4	1	5	29	4	33
Belgium.....	2	3	5	24	17	41
Bohemia.....	8	6	14	114	261	375
Born at sea.....				3		3
Brazil.....				1		1
Bulgaria.....				1		1
Canada.....	69	52	121	928	901	1,829
Canary Islands.....				2		2
Central America.....				2	1	3
Ceylon.....	1		1	1		1
China.....	3		3	72		72
Corsica.....				1		1
Cuba.....	1		1	27	26	53
Denmark.....	4	7	11	108	84	192
East Indies.....				1		1
Ecuador.....				1		1
Egypt.....		1	1	3	1	4
England.....	90	89	179	1,535	1,351	2,886
Finland.....	4	16	20	48	80	128
France.....	17	18	35	364	285	649
Germany.....	268	262	530	5,417	5,271	10,688
Greece.....	8		8	42	1	43
Holland.....	6	7	13	88	79	167
Honolulu.....		1	1		1	1
Hungary.....	40	62	102	332	428	760

STATE HOSPITAL STATISTICS

Table No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Iceland.....				1	1	2
India.....				6	2	8
Indian (American).....				5	7	12
Ireland.....	301	478	779	6,192	9,984	16,176
Isle of Man.....					1	1
Italy.....	118	75	193	1,128	663	1,791
Jamaica.....	1		1	1	1	2
Japan.....	5		5	19	1	20
Korea.....				1		1
Lithuania.....					1	1
Madeira.....					1	1
Malta.....				7		7
Montenegro.....				1		1
Mexico.....				8		8
Moravia.....					1	1
New Brunswick.....				3	4	7
Newfoundland.....	1	1	2	4	3	7
Norway.....	12	12	24	158	115	273
Nova Scotia.....		1	1	10	12	22
Other British posses- sions.....				33	1	34
Palestine.....					1	1
Persia.....	1		1	2		2
Philippines.....				1		1
Poland.....	43	31	74	1,092	281	1,373
Porto Rico.....	1	1	2	4	1	5
Portugal.....	2		2	2		2
Prussia.....	1	1	2	9	6	15
Roumania.....	16	6	22	78	80	158
Russia.....	151	149	300	640	1,400	2,040
Sandwich Islands.....				1		1
Saxony.....				1		1
Scotland.....	23	19	42	371	341	712
South America.....	1		1	12	3	15
Spain.....	3		3	43	5	48
Sweden.....	31	32	63	496	535	1,031
Switzerland.....	9	16	25	238	218	456
Syria.....	3	2	5	7	12	19
Turkey.....	3	4	7	37	9	46
Unascertained.....	28	36	64	1,316	1,417	2,733
Wales.....	8	2	10	85	58	143
West Indies.....	13	17	30	110	56	166

STATE HOSPITAL STATISTICS

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	UTICA STATE HOSPITAL			WILLARD STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL			MIDDLETOWN STATE HOMEOPATHIC HOSPITAL			BUFFALO STATE HOSPITAL		
	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total
Albany.....	1		1				100		100	3		3			
Allegany.....				14		14									
Broome.....															
Cattaraugus.....															
Cayuga.....				38		38							1		1
Chautauqua.....													1		1
Chemung.....															
Chenango.....															
Clinton.....															
Columbia.....							35		35						
Cortland.....				1		1				4		4			
Delaware.....										1		1			
Dutchess.....							116		116	1		1			
Dutchess.....				1		1				1		1	349	4	353
Erie.....															
Essex.....															
Franklin.....															
Fulton.....	35	1	36												
Genesee.....							16	1	17						
Greene.....															
Hamilton.....	2		2												
Herkimer.....	31	1	32												
Jefferson.....															
Kings.....				44		44	1		1	1	4	6			
Lewis.....															
Livingston.....	2		2												
Madison.....	2		2												
Montroe.....				1		1							2		2
Montgomery.....	28	1	29												
Nassau.....															
New York.....	3		3	1		1	6	1	7	14	12	26	35	2	37
Niagara.....															
Oneida.....	129		129				1		1						

STATE HOSPITAL STATISTICS

Onondaga.....	4	2	6	1	36	1	36	1	77	1	10	87	1	1	1	407
Ontario.....	.....	.....	.....	36	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Orange.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Orleans.....	1	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oswego.....	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Otsego.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Putnam.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Queens.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Richmond.....	2	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rockland.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Saratoga.....	25	25	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schenectady.....	31	31	31	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Steuben.....	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suffolk.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sullivan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tompkins.....	.....	.....	.....	24	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ulster.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warren.....	15	15	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Washington.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wayne.....	.....	.....	.....	19	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Westchester.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wyoming.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
From other States.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Uncertained.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	313	5	318	272	1	273	521	4	525	209	33	242	397	10	407	.....

STATE HOSPITAL STATISTICS

[illegible]

TABLE No. 19 — (Concluded)

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	MANHATTAN STATE HOSPITAL			CENTRAL ISLIP STATE HOSPITAL			GOWANDA STATE HOMEOPATHIC HOSPITAL			ALL HOSPITALS		
	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total
Albany.....										118		118
Allegany.....										15		15
Bronx.....										70	2	72
Cattaraugus.....	1		1				38	1	39	39	1	40
Cayuga.....										38		38
Chemung.....							51		51	52		52
Chautauque.....							1		1	37		37
Chemung.....										27		27
Chenango.....										39		39
Clinton.....				1		1				37		37
Columbia.....										20	1	21
Cortland.....										29		29
Delaware.....										131		131
Dutchess.....	2		2				55		55	407	5	412
Dutchess.....										12		12
Erie.....										28		28
Essex.....										37	1	38
Franklin.....	1		1							22		22
Fulton.....							1		1	20		21
Genesee.....										2		2
Greene.....										35	1	36
Hamilton.....										43	1	44
Herkimer.....										1,088	5	1,093
Jefferson.....				87		87				21		21
Kings.....	8	1	9							34		34
Lewis.....										25		25
Livingston.....	10		10							246		246
Madison.....										31		31
Montgomery.....										30	1	31
Montgomery.....				5		5				28		28
Nassau.....	1		1							2,139	28	2,167
New York.....	1,114	14	1,128	798		798	4		4	138	2	140
Niagara.....												
Oneida.....				1		1						

STATE HOSPITAL STATISTICS

Onondaga.....	1,229	15	1,244	973	171	1	172	6,266	77	6,343
Ontario.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Orange.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oreans.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oswego.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Otsego.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Putnam.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Queens.....	8	.....	8	51	.....	.....	.....	.....	.....	.....
Rensselaer.....	35	.....	35	1	.....	.....	.....	.....	.....	.....
Richmond.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rockland.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Saratoga.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schenectady.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Steuben.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suffolk.....	27	.....	27	27	.....	.....	.....	.....	.....	.....
Sullivan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ulster.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warren.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Washington.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wayne.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Westchester.....	11	.....	11	2	.....	.....	.....	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
From other States.....	7	.....	7	.....	.....	.....	.....	.....	.....	.....
Unascertained.....	3	.....	3	.....	.....	.....	.....	.....	.....	.....
Soldiers' Home.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Total.....	1,229	15	1,244	973	171	1	172	6,266	77	6,343

STATE HOSPITAL STATISTICS

Monroe	50	64	114	1	2	3	7	2	2	16	2	89	101	3	4	7
Montgomery	14	8	22	1	1	2	210	163	1	373	12	1	1	1	3	4
Nassau	225	217	442	3	6	9	9	25	46	11	1	1	1	1	1	1
New York	3	11	14	1	1	1	21	98	196	1	1	4	5	1	1	1
Niagara																
Oneida																
Onondaga																
Ontario																
Orange																
Orleans																
Oswego																
Putnam																
Queens																
Rensselaer																
Richmond																
Rockland																
St. Lawrence																
Saratoga																
Schenectady																
Schoharie																
Schoyler																
Seneca																
Steuben																
Suffolk																
Sullivan																
Tioga																
Tompkins																
Ulster																
Warren																
Washington																
Wayne																
Westchester																
Wyoming																
Yates																
Unascertained																
Soldiers' Home																
State patients																
Total	548	609	1,157	12	26	38	1,133	1,156	2,289	1	1	1,097	1,161	13	23	36

STATE HOSPITAL STATISTICS

	2	2	3	3	10	6	16	1	1	2	8	1	1	12	1	1	1
Montroe.....	1	2	3	3	3	6	16	1	1	1	2	8	4	1	1	1	1
Montgomery.....	1	2	3	3	3	6	16	1	1	1	2	8	4	1	1	1	1
Nassau.....	59	137	37	59	43	69	112	1	1	1	2	3	148	151	1	1	1
New York.....	78	1	22	1	94	99	193	2	2	2	9	10	1	9	1	1	1
Niagara.....	1	1	2	2	1	4	4	1	1	1	1	1	1	1	1	1	1
Onondaga.....	3	7	3	3	3	4	4	1	1	1	3	10	13	13	1	1	1
Ontario.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Orange.....	165	345	14	30	4	10	14	1	1	1	1	1	1	1	1	1	1
Orieans.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Oswego.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Osseo.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Putnam.....	16	31	4	1	5	2	2	2	2	2	2	2	2	2	2	2	2
Queens.....	1	2	2	2	1	5	6	1	1	1	1	1	1	1	1	1	1
Rensselaer.....	1	2	2	2	1	5	6	1	1	1	1	1	1	1	1	1	1
Richmond.....	6	16	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Rockland.....	50	94	2	4	4	1	1	1	1	1	1	1	1	1	1	1	1
St. Lawrence.....	4	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Saratoga.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Schenectady.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Schoharie.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Schuyler.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Seneca.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Steuben.....	30	56	1	1	3	1	4	1	1	1	9	12	4	9	1	1	1
Suffolk.....	45	99	1	2	1	1	2	1	1	1	5	4	4	3	1	1	1
Sullivan.....	5	5	2	3	3	1	1	1	1	1	34	40	2	74	2	2	2
Tioga.....	5	5	2	3	3	1	1	1	1	1	8	5	5	13	2	2	2
Tompkins.....	95	199	5	11	1	1	1	1	1	1	6	4	4	10	1	1	1
Ulster.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Warren.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Washington.....	1	9	1	1	1	1	1	1	1	1	7	19	26	26	1	1	1
Wayne.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Westchester.....	9	20	1	1	4	9	13	1	1	2	7	19	26	26	1	1	1
Wyoming.....	1	1	1	2	1	1	1	1	1	1	5	2	7	7	1	1	1
Yates.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Unascertained.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Soldiers' Home.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
State patients.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total.....	534	619	1,153	93	155	791	924	1,715	8	17	25	707	843	1,550	3	6	9

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

TABLE No. 20 — (Concluded)
Showing the residence by counties and classification of patients remaining under treatment September 30, 1906

COUNTIES	GOWANDA STATE HOMEOPATHIC HOSPITAL						ALL HOSPITALS			
	PUBLIC			PRIVATE			PUBLIC		PRIVATE	
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Total
Albany.....	8	3	11	.....	.....	.....	331	395	726	3
Alegany.....	.....	1	1	.....	.....	.....	52	53	105	4
Broome.....	.....	.....	.....	.....	.....	.....	124	127	251	.....
Cattaraugus.....	65	79	144	.....	1	1	169	181	350	2
Cayuga.....	.....	.....	.....	.....	.....	.....	100	87	187	1
Chautauqua.....	116	120	236	.....	.....	.....	117	127	244	3
Chemung.....	2	.....	2	.....	.....	.....	115	99	214	1
Chenango.....	.....	.....	.....	.....	.....	.....	49	52	101	.....
Clinton.....	.....	.....	.....	.....	.....	.....	47	62	109	1
Columbia.....	.....	.....	.....	.....	.....	.....	63	72	135	2
Cortland.....	.....	.....	.....	.....	.....	.....	32	46	78	.....
Delaware.....	.....	.....	.....	.....	.....	.....	77	133	210	1
Dutchess.....	3	.....	3	.....	.....	.....	208	185	393	1
Essex.....	84	95	179	.....	.....	.....	750	776	1,526	6
Franklin.....	.....	.....	.....	.....	.....	.....	33	22	55	.....
Fulton.....	2	.....	2	.....	.....	.....	47	50	97	.....
Genesee.....	1	3	4	.....	.....	.....	69	65	134	1
Greene.....	.....	.....	.....	.....	.....	.....	34	41	75	.....
Hamilton.....	.....	.....	.....	.....	.....	.....	50	51	101	.....
Herkimer.....	2	1	3	.....	.....	.....	4	1	5	.....
Jefferson.....	.....	.....	.....	.....	.....	.....	60	94	154	1
Kings.....	.....	.....	.....	.....	.....	.....	84	88	172	2
Lewis.....	.....	.....	.....	.....	.....	.....	1,773	2,346	4,119	10
Livingston.....	1	1	2	.....	.....	.....	49	32	81	.....
Madison.....	1	2	3	.....	.....	.....	35	48	83	1
.....	.....	.....	.....	.....	.....	.....	63	63	126	3

STATE HOSPITAL STATISTICS

	10	3	13			382	452	834	2	6	8
Monroe.....											
Montgomery.....	10	3	13			382	452	834	2	6	8
Nassau.....	4	7	11			73	89	162	1	2	3
New York.....						30	32	62			
Niagara.....	32	12	44			3,431	4,411	7,842	39	45	84
Oneida.....	2	4	6			105	210	210	5	6	2
Onondaga.....	11	15	26			265	511	511	5	6	11
Ontario.....	5	1	6			217	239	456	3	6	9
Orange.....						100	104	204	1		1
Orleans.....		4	4			173	203	373	14	16	30
Oswego.....						24	38	62			
Otsego.....						99	107	206		1	1
Putnam.....	1		1			45	59	104		2	2
Queens.....	3		3			28	55	83			
Reussdaer.....	7	4	11			170	188	358	4		5
Richmond.....						260	303	563	3	2	2
Rockland.....						104	99	203		2	4
St. Lawrence.....		1	1			53	48	101	2	2	4
Schenectady.....	2	7	9			123	125	248	1	3	4
Schoharie.....	8		8			77	107	184			3
Schoharie.....						74	64	138	2	1	
Schuyler.....		1	1			26	32	58			
Seneca.....	2		2			30	32	62			
Steuben.....	1	1	2			52	38	90			
Suffolk.....	1	2	3			122	114	236	2		2
Sullivan.....		2	2			137	114	251	1	1	3
Tioga.....						47	58	105	1	2	
Tompkins.....						34	45	79			1
Ulster.....	2	2	2			49	56	105	5	6	11
Warren.....						132	148	280			
Washington.....						42	75	117			
Wayne.....		1	1			33	40	75		1	1
Westchester.....	1		1			70	51	121			
Wyoming.....	26	25	51			335	320	655	1	1	13
Yates.....						84	29	73			4
Unascertained.....						34	36	60	2		
Soldiers' Home.....	12	3	15			766	513	1,279			
State patients.....						20	20	40			
						15	2	17			
Total.....	415	401	816	1	1	12,213	13,848	26,061	118	178	296

Ratio of Insane to Population
Heredity
Increase of Insanity
Occupation
Mortality of the Insane
Nativity of Patients Admitted
Foreign Born Insane
Immigration and Insanity

A SERIES OF EIGHT GRAPHIC CHARTS

[294a]

The following charts are intended to show in graphic form some of the information given in the statistical tables, 1, 19 and 20, and to exhibit, in addition, some comparisons between the insane and the general population of the state of New York:

CHART I

This map shows the number of insane per 10,000 inhabitants in each county September 30, 1906. In the hospital reports, the insane remaining under treatment at the end of each fiscal year are quite carefully accredited to the counties in which they resided before admission. The general population of each county is that determined by the State census of 1905.

Seven counties show a ratio of less than 20 insane to 10,000 population. The explanation of the low ratio of several lies in the fact that their population has increased very rapidly within the last few years, the insane relatives of the families moving into these communities being still accredited to the states or counties in which they originally resided. Queens, Nassau and Schenectady are three counties which have shown a very great recent increase in population, and the number of insane in all three of them does not equal that in Rensselaer alone, although their combined population is nearly three times that of Rensselaer.

Although, with the exception of Onondaga, counties containing large cities show a high prevalence of insanity, the highest ratios in the State are found in those which have a very small urban population. It is likely that the more rapid growth of population in cities prevents them from attaining the highest ratios.

Almost without exception the counties in which State hospitals are located show higher ratios than the counties which surround them. The proximity of a State hospital leads to the commitment of senile cases and of patients in very bad physical condition who would be cared for at home, in not a few instances, if much transportation were necessary and the State hospitals in cities receive many alcoholic cases which would not be committed to distant institutions.

It is interesting to note the "belt" of counties with high ratios which extends across the State from Chemung to Monroe.

RATIO OF INSANE TO POPULATION

INSANE PER 10,000 POPULATION

- LESS THAN 20
- 20 TO 25
- 25 TO 30
- 30 TO 35
- MORE THAN 35

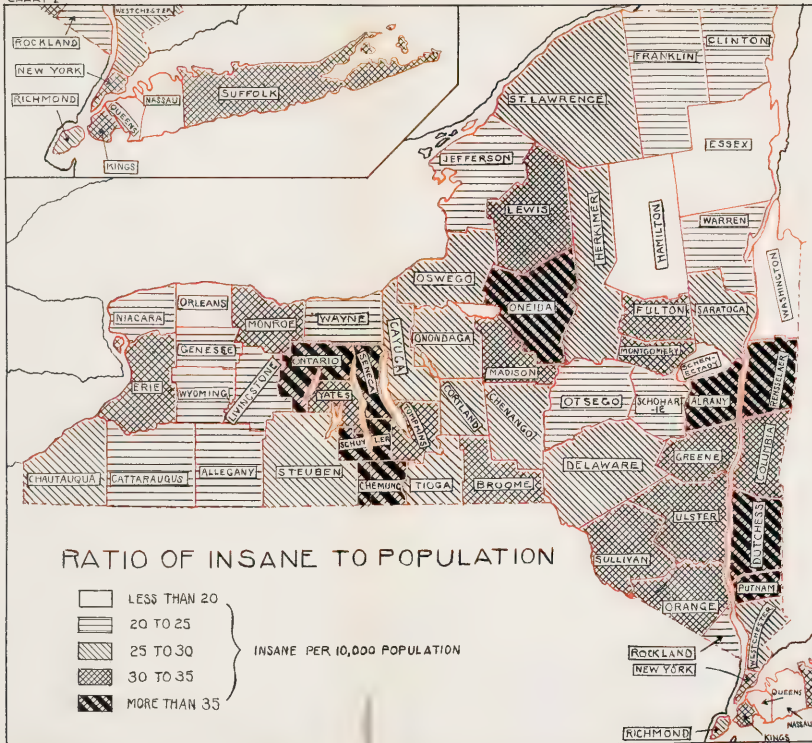


CHART 2

This map shows, by State hospital districts, the percentage of cases admitted in 1906 in which a history of heredity was obtained. The close relation between heredity and the prevalence of insanity is strikingly shown by comparing this map with Chart 1. It is seen that the State hospital districts with the highest percentages of heredity are made up of the counties with the highest ratios of insane to population. This is particularly noticeable in the district of the Willard State Hospital, which shows the highest percentage of admissions with a history of heredity. The 10 counties constituting this district include half the counties of the State which have a ratio of insane to population of more than 35 per 10,000.

The State hospital districts which receive their patients from the city of New York show a uniformly low percentage of cases with a history of heredity. This is due partly to the fact that a large proportion of admissions to these hospitals are patients who have recently come to this country, for in such persons a definite history of heredity is difficult to obtain or to verify.

CHART 2

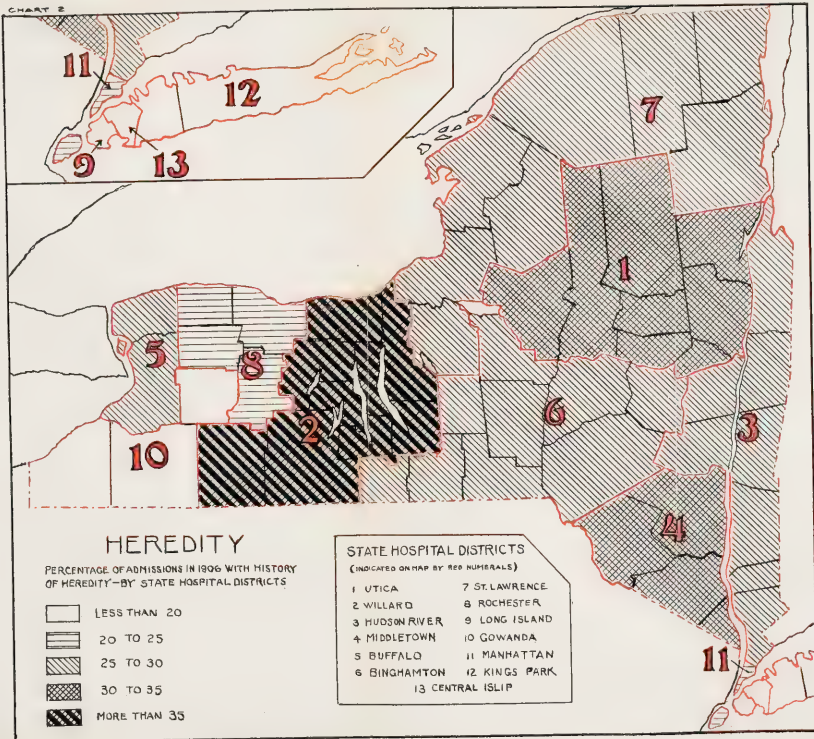


CHART 3

This chart shows the annual increase per cent in the average daily number of insane under treatment and in the whole population of the State from October 1, 1897, to September 30, 1906.

For the years which preceded State care, no accurate statistics as to the number of the insane are available and, during the years immediately following the institution of State care, when its advantages were leading to the commitment of many insane persons who had not previously been in institutions for the insane, there was a disproportionate increase in the number of the insane under treatment.

It is seen that from 1897 to 1906 there has been a steady increase in the ratio of the insane to the population. As has been pointed out in previous reports of the Commission, it is likely that, apart from the apparent increase which is due to a greater number of insane persons seeking institution care, there is a real increase in the prevalence of insanity.

THE INCREASE IN INSANITY

COMPARED WITH THE INCREASE IN POPULATION 1898-1906

RED LINE: ANNUAL INCREASE PER CENT INSANE UNDER TREATMENT

BLUE LINE: ANNUAL INCREASE PER CENT POPULATION OF STATE

1897 - 1898 - 1899 - 1900 - 1901 - 1902 - 1903 - 1904 - 1905 - 1906

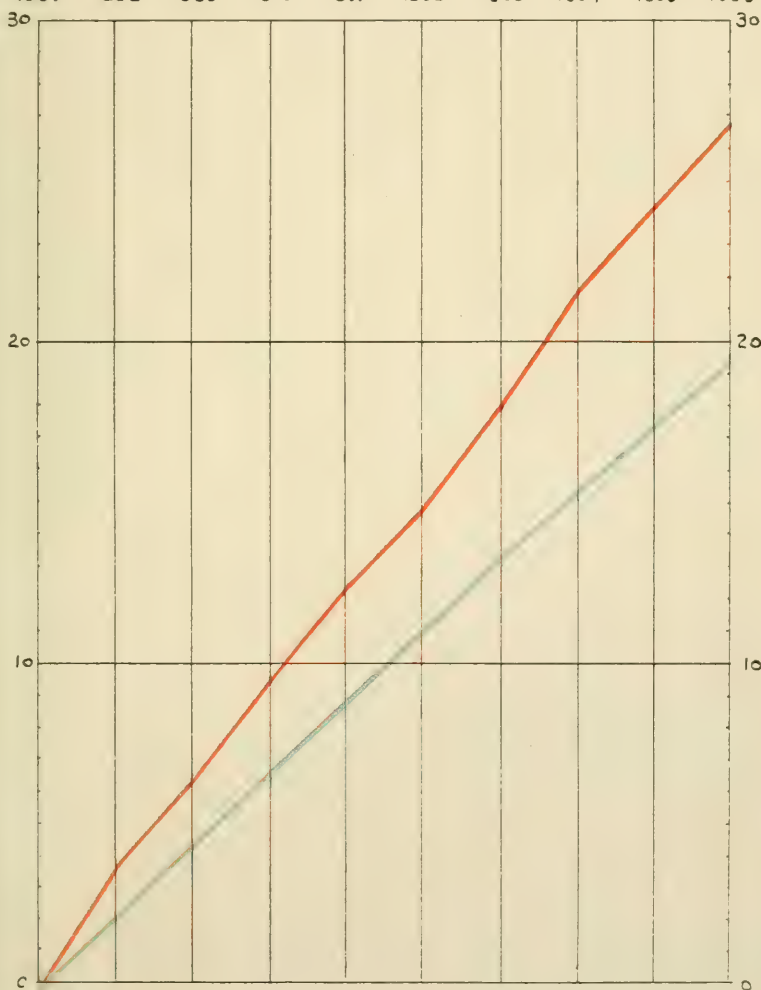


CHART 4

This chart shows a comparison between the occupations of the male patients admitted to the New York State hospitals during 1906 and of the male population of the State. Tabulations of the occupations of women are so misleading that no attempt has been made to include them in this chart. Nearly all married women are classified as "housekeepers" in the State hospital statistics and, in the United States census reports, not being engaged in "gainful occupations," they are omitted. For statistical purposes, the best classification of married women as to occupation would seem to be according to the occupations of their husbands, without reference to the amount of domestic work which they perform. Thus, "farmers' wives" and "hotel-keepers' wives" give some information as to their environments.

In calculating the percentages of the general male population engaged in the different occupations, only those more than 14 years of age have been considered.

The grouping of occupations in this chart differs somewhat from that in Table 17 (page 274) and also from the general grouping in the United States census publications. The former involves some unavoidable repetitions and the latter is not a clinical one. For example, as far as any possible relation to health is concerned, men engaged in the building trades and quarrymen should be included in one group. An ideal classification for the purposes of medical statistics would group together the occupations involving the same degree of physical hardship and arrange them according to the average compensation.

In Chart 4 a noticeable excess in the percentage of the insane over that of the general population is found in outdoor mechanical workers and in unspecified laborers. This agrees with the clinical observation that physical hardship and low compensation go far toward making up the stress which leads to the development of mental disease. In the work of the Phipps Institute for the Study of Tuberculosis, laborers and drivers were found to furnish an undue proportion of consumptives, the exposure and low compensation more than counterbalancing the great benefits from an outdoor life.

Indoor mechanical workers show a low prevalence of insanity. Factory operatives furnish more than 90 per cent of this class and such workers constitute more than one-fourth of the male population of the State of working age. It is fortunate that insanity is not unduly prevalent in a class so numerous.

CHART 4

OCCUPATION

PERCENTAGE OF MALE ADMISSIONS 1906
 PERCENTAGE OF MALE POPULATION OF STATE

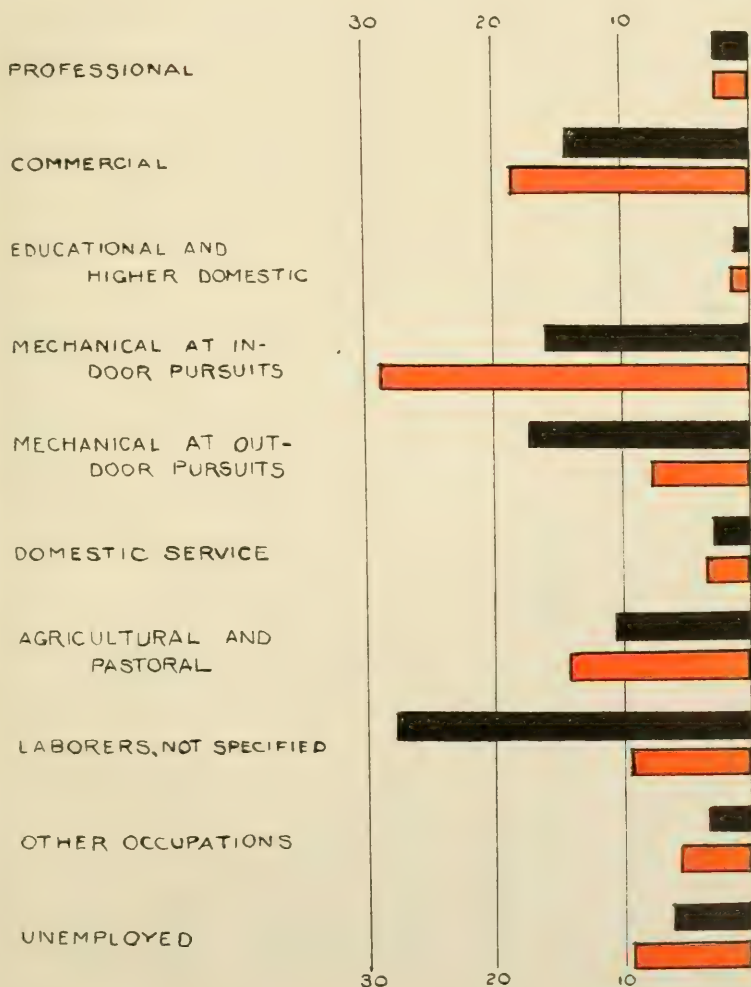


CHART 5

This chart shows the mortality per 1,000 living at different age-periods for the insane under treatment and for the general population. The statistics are for the year 1904 as, in that year, all the insane in the State were enumerated by the United States Census Bureau and classified as to age.

This chart disproves the statement sometimes made that the insane live longer than the sane. It is seen that for each period of life except the last the mortality in the insane is very much greater than in the general population. Nearly the same relation between the death rates in institutions for the insane and in the general population has been observed in England, and, in commenting upon it, the English commissioners in lunacy say: "To a certain extent this heightened mortality of the insane is to be ascribed to the removal from the general community into asylums of persons suffering from fatal organic disease of the nervous system, *e. g.*, general paralysis, which is rarely to be met with outside asylums. It may be also claimed that asylum conditions favour an increased mortality from tubercular disease, and still more from dysentery." Although the same large proportion of deaths from general paralysis is found in the New York State hospitals as in England, the rate per 1,000 deaths for tuberculosis is not greatly in excess of that in the general population, and, since October 1, 1888, only 13 deaths per 1,000 have been from dysentery. This chart must show the impressive mortality of mental diseases as well as the prevalence of serious physical diseases among the insane.

CHART 5

MORTALITY OF THE INSANE

DEATH-RATE PER 1,000 LIVING AT DIFFERENT AGE-PERIODS

■ INSANE POPULATION
■ GENERAL POPULATION OF THE STATE

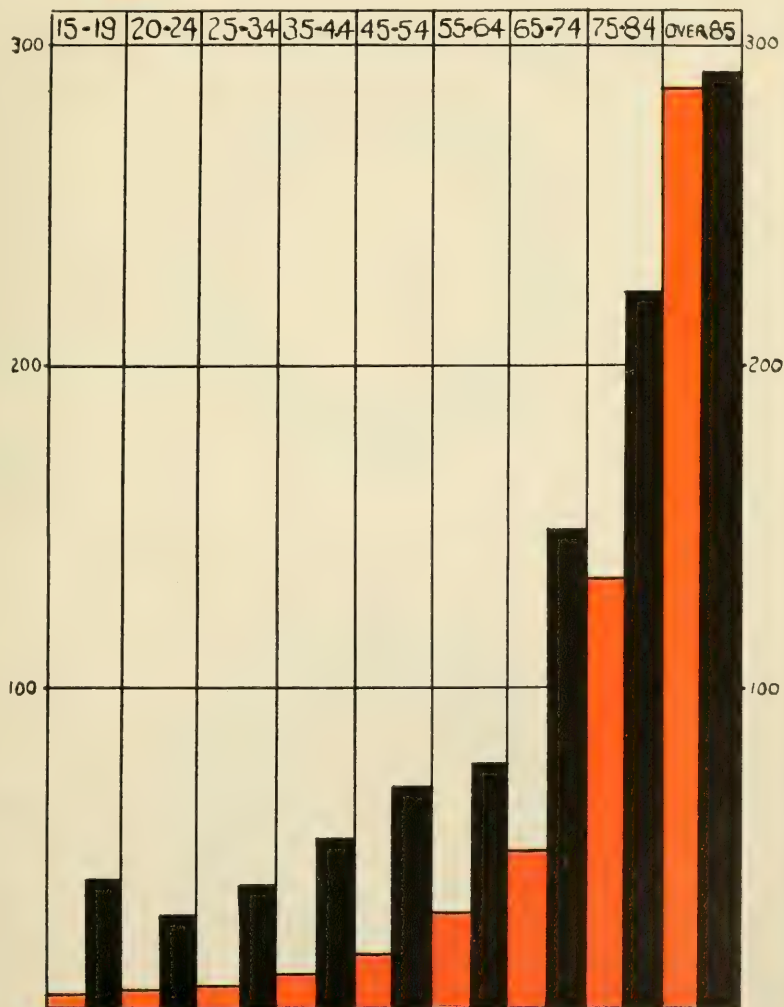


CHART 6

This chart shows the percentage of patients of foreign birth in the admissions to the State hospitals in 1906 and in the general population of the State. The latter is based upon the United States census of 1900 and since that year there has probably been a slight increase in the proportion of the inhabitants of the State of foreign birth. The disproportion between the number of the foreign-born insane and the foreign-born population which is shown has existed many years and undergoes little variation.

A larger proportion of foreign-born than of native-born inhabitants are adults, but, even with correction for this factor, there is a higher prevalence of insanity in those of foreign birth.

[2941]

NATIVITY

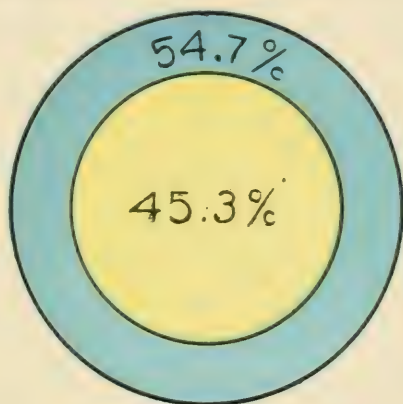


NATIVE BORN



FOREIGN BORN

ADMISSIONS TO STATE HOSPITALS 1906



IN WHOLE POPULATION OF STATE

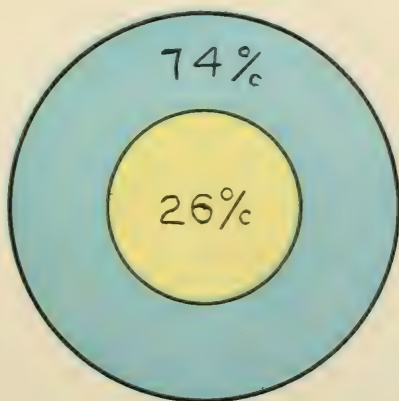


CHART 7

This chart shows the composition of the foreign-born insane compared with that of the foreign-born population of the State. The most accurate enumeration of the foreign-born patients in the New York State hospitals is that made September 30, 1906, by the superintendents at the request of the Commission. This tabulation was used in preparing Chart 7 and the nativity of the foreign-born population of the State was taken from the United States census of 1900. Since that year there has been an increase in the proportion of Russians, Austria-Hungarians and Italians (from the large immigration from those countries during the last few years), but the proportions for other countries probably remain the same.

The country showing the greatest disparity between the proportion of the insane and of the foreign-born population of the State is Ireland, but this is largely the result of admissions several years ago, as the later admissions do not show as great disproportion.

The admissions for the last three years show such different proportions than formerly for the countries contributing the larger number of the foreign-born insane that it is likely that in a few years a chart showing similar data would have to be radically changed. Russia, Austria-Hungary and Italy show a smaller proportion of insane than of the foreign-born population, but it should be remembered that more than one-half the natives of these countries residing in the State have been here less than six years — too short a time for them to be fully represented in the insane population.

THE FOREIGN-BORN INSANE



PER CENT OF FOREIGN-BORN POPULATION OF STATE



PER CENT OF FOREIGN-BORN INSANE

ENTIRE CIRCLE REPRESENTS 100 PER CENT

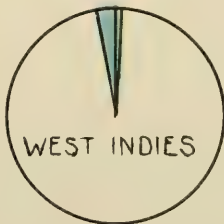
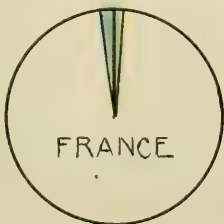
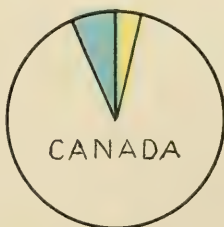
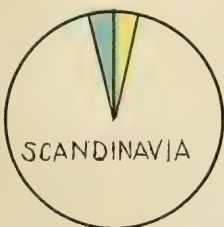
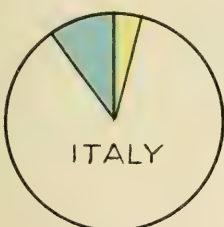
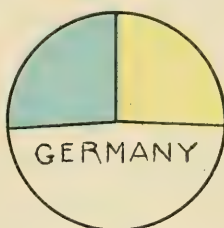
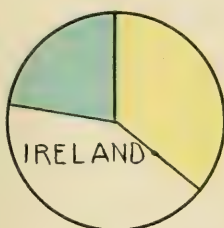


CHART 8

This chart shows the percentage of the whole number of foreign-born admissions which were contributed by Ireland, Germany, Russia, Austria-Hungary and Italy in 1897 and in 1906. The transformation which the composition of the foreign-born insane is undergoing is very clearly shown. In the last 10 years the percentage of patients of Irish and German birth has diminished and a corresponding increase has taken place in the proportion of natives of Russia, Austria-Hungary and Italy. This chart shows the close relation which exists between immigration and insanity and the fact that such a marked change in the composition of the foreign-born insane should follow so quickly the recent change in the sources of immigration indicates that in a few years, when the effect of the transformation of population has fully extended to the State hospitals, some new and important conditions will be created.

IMMIGRATION AND INSANITY

THE EFFECT OF RECENT CHANGES IN THE SOURCES OF IMMIGRATION

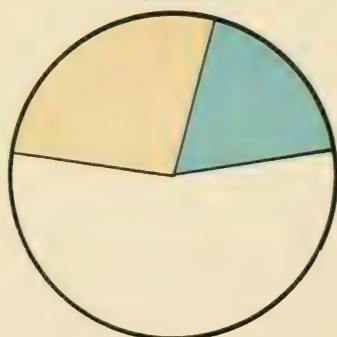
EACH CIRCLE REPRESENTS THE FOREIGN-BORN AD-
MISSIONS AND THE COLORED SEGMENTS SHOW
THE PERCENTAGE FURNISHED BY FIVE COUNTRIES IN
1897 AND 1906

IRELAND GERMANY

1897



1906



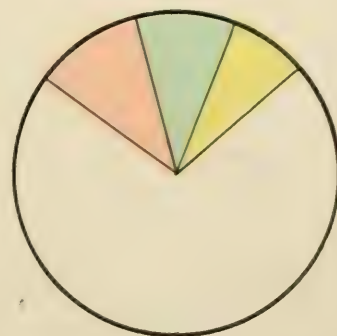
ITALY

RUSSIA AUSTRIA-HUNGARY

1897



1906



STATISTICS
OF
CRIMINAL INSANE

MATTEAWAN STATE HOSPITAL

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	552	89	641
Admitted on original commitments	56	26	82
By transfers from other institutions for insane.....	6	1	7
Total number under treatment during year	614	116	730
Daily average population.....			667.153
Capacity of institution.....	470	80	550
Discharged during year:			
As recovered.....	7	7	14
As improved.....	17	3	20
As unimproved.....	8	.....	8
As not insane.....	1	.....	1
Died.....	12	.....	12
Whole number discharged during year....	45	10	55
Remaining October 1, 1906.....	569	106	675

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening at Auburn.....	February 2, 1859
Date of opening at Matteawan.....	April 25, 1892
Total acreage of grounds and buildings.....	244
Value of real estate, including buildings.....	\$884,000 00
Value of personal property.....	61,635 62
Acreage under cultivation	130
Receipts during year, maintenance fund:	
Balance on hand October 1, 1905.....	\$501 79
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	129,518 11
From all other sources.....	808 88
<hr/>	
Total receipts for maintenance.....	\$130,828 78
<hr/>	
Special appropriations, including balance on hand October 1, 1904	\$8,769 73
<hr/>	
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries	\$10,166 53
Estimate No. 2. For wages	44,383 10
Estimate No. 3. For provisions and stores ..	34,173 28
Estimate No. 4. For ordinary repairs	5,258 13
Estimate No. 5. For farm and grounds	9,076 26
Estimate No. 6. For clothing of patients and bedding	7,074 79
Estimate No. 7. For furniture	3,749 89
Estimate No. 8. For books and stationery...	1,329 49
Estimate No. 9. For fuel and light	11,682 65
Estimate No. 10. For medical supplies	795 75
Estimate No. 11. For miscellaneous expenses..	2,009 80
Estimate No. 12. For transportation and allowance to discharged patients.	129 31
<hr/>	
Total disbursements, estimates 1 to 12 inclusive	\$129,828 98
<hr/>	

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Remitted to comptroller pursuant to section 37, chapter 457, Laws 1901.....	\$808 88
Total disbursements during year for extraor- dinary improvements	8,769 73
<hr/>	
Balance October 1, 1906:	
General maintenance fund	\$190 92
<hr/>	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.73184
<hr/>	
Maximum rate of wages paid attendants:	
Men	\$39 50
Women	31 25
<hr/>	
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
<hr/>	
Proportion of day attendants to average daily population	1 to 11.3
Proportion of night attendants to average daily population	1 to 44.4
Percentage of daily patient population engaged in some kind of useful occupation.....	42
Estimated value of farm and garden products during year	\$12,254 39
<hr/>	

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906		
	Men	Women	Total
Moral:			
Mental strain, worry and overwork.....	1		1
Physical:			
Intemperance.....	13	16	29
Veneral diseases.....	2	1	3
Masturbation.....	4		4
Accident or injury.....	3		3
Abuse of drugs.....	2		2
Hereditary.....	4	1	5
Unascertained.....	33	9	42
Total.....	62	27	89

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	21	5	
General paralysis.....	3		2
Senile insanity.....	7		4
Epilepsy with insanity.....	2	1	1
Imbecility, idiocy with insanity.....	19		
Other psychoses.....	36	8	5
Not insane*.....	1		

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Dysentery				3	1	4
Tuberculosis	4		4	122	2	124
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus				2		2
Diseases of the digestive system:						
Diseases of the stomach				1		1
Diseases of the intestines				5	1	6
Diseases of the liver				5		5
Diseases of the peritoneum				5	1	6
Diseases of the respiratory system:						
Diseases of the bronchi	1		1	19		19
Diseases of the pleura				1		1
Diseases of the circulatory system:						
Diseases of the heart				20		20
Arterio-sclerosis				2		2
Aneurism	1		1	3		3
Diseases of the blood and ductless glands:						
Hodgkin's disease, Addison's disease and myxædema				1		1
Diseases of the genito-urinary system	1		1	18	2	20
Diseases of the nervous system:						
Diseases of the meninges				2	1	3
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	1		1	14	3	17
Epilepsy				3	1	4

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Mental diseases:						
Exhaustion of acute mental disease.....				2	1	3
Exhaustion of chronic mental disease.....	1		1	8		8
General paralysis of the insane.....	2		2	59	3	62
Debility of old age.....				9		9
Accident.....				1		1
Suicide.....				10		10
Malignant new growths or cancer.....	1		1	6	2	8
Total.....	12		12	321	18	339

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the
current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	5	1	6	76	9	85
Maternal branch.....	3		3	102	12	114
Paternal and maternal branches.....		1	1	19	2	21
Collateral branches....	4		4	95	8	103
No hereditary ten- dency.....	10		10	246	26	272
Unascertained.....	40	25	65	1,172	124	1,296
Total.....	62	27	89	1,710	181	1,891

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	33	9	42	1,162	70	1,232
Married.....	19	10	29	456	69	525
Widowed.....	4	7	11	71	37	108
Divorced.....	1	.....	1	6	.....	6
Unascertained.....	5	1	6	15	5	20
Total.....	62	27	89	1,710	181	1,891

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	.....	5	26	4	30
Academic.....	2	2	4	31	7	38
Common school.....	20	12	32	504	72	576
Read and write.....	20	7	27	832	67	899
Read only.....	2	2	4	78	10	88
No education.....	5	3	8	199	20	219
Unascertained.....	8	1	9	40	1	41
Total.....	62	27	89	1,710	181	1,891

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Under one month.....	2	.....	2	.....	.....	.....	47	2	49
One to three months.....	.....	.....	.....	1	.....	1	36	.....	36
Three to six months.....	1	.....	1	1	.....	1	18	3	21
Six to nine months.....	.....	.....	.....	.....	.....	.....	12	.....	12
Nine months to one year.....	.....	.....	.....	.....	.....	.....	5	.....	5
One year to eighteen months.....	.....	.....	.....	1	.....	1	10	.....	10
Eighteen months to two years.....	.....	.....	.....	1	.....	1	3	.....	3
Two to three years.....	1	.....	1	1	.....	1	9	1	10
Three to four years.....	1	.....	1	3	.....	3	4	.....	4
Four to six years.....	.....	.....	.....	.....	.....	.....	3	.....	3
Six to ten years.....	.....	.....	.....	1	.....	1	4	.....	4
Ten to twenty years.....	.....	.....	.....	3	.....	3	10	.....	10
Twenty years and over.....	.....	.....	.....	.....	.....	.....	9	1	10
Unascertained.....	7	.....	7	.....	.....	.....	151	11	162
Total.....	12	.....	12	12	.....	12	321	18	339
Average duration of insane life (give years and tenths)			6.66			8.93		

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				1		1
From 15 to 20 years...	3	1	4	117	10	127
From 20 to 25 years...	7	3	10	273	27	300
From 25 to 30 years...	7	3	10	453	34	487
From 30 to 35 years...	14	5	19	226	32	258
From 35 to 40 years...	9	5	14	262	25	287
From 40 to 50 years...	9	7	16	243	34	277
From 50 to 60 years...	9	2	11	90	11	101
From 60 to 70 years...	4		4	33	4	37
From 70 to 80 years...				4	1	5
From 80 to 90 years...		1	1	1	1	2
Total.....	62	27	89	1,710	181	1,891

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...				10		10
From 20 to 30 years...	3	2	5	204	9	213
From 30 to 40 years...	3	2	5	111	10	121
From 40 to 50 years...		3	3	30	5	35
From 50 to 60 years...	1		1	13	1	14
From 60 to 70 years...				4		4
From 70 to 80 years...				1		1
Total.....	7	7	14	373	25	398

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years...				4		4
From 20 to 25 years...				18	3	21
From 25 to 30 years...	1		1	44	2	46
From 30 to 35 years...				41	2	43
From 35 to 40 years...	2		2	52	2	54
From 40 to 50 years...	3		3	65	5	70
From 50 to 60 years...	4		4	38	1	39
From 60 to 70 years...	1		1	36	2	38
From 70 to 80 years...	1		1	19	1	20
From 80 to 90 years...				3		3
Over 90 years (94)...				1		1
Total.....	12		12	321	18	339

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	1	1	2
One to three months.....	3	3	6
Three to six months.....	5		5
Six to nine months.....	2	3	5
Nine months to one year.....	4		4
One year to eighteen months.....		2	2
Eighteen months to two years.....	3	1	4
Two to three years.....	2	3	5
Three to four years.....	6	1	7
Four to five years.....	2		2
Five to ten years.....	1	2	3
Ten to fifteen years.....	2		2
Fifteen to twenty years.....	1		1
Twenty to thirty years.....	1		1
Not insane*.....	1		1
Unascertained.....	28	11	39
Total.....	62	27	89

*Includes cases of alcoholism, morphia habit, etc.

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	2	.....	2
One to three months.....	8	3	11
Three to six months.....	9	9	18
Six to nine months.....	15	9	24
Nine months to one year.....	18	3	21
One year to eighteen months.....	20	5	25
Eighteen months to two years.....	24	5	29
Two to three years.....	36	9	45
Three to four years.....	20	5	25
Four to five years.....	40	9	49
Five to ten years.....	150	22	172
Ten to fifteen years.....	152	15	167
Fifteen to twenty years.....	51	7	58
Twenty to thirty years.....	15	3	18
Thirty years and upwards.....	9	2	11
Total.....	569	106	675

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	4	.....	4	37	.....	37
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	3	.....	3	133	.....	133
Agricultural and pastoral:						
Farmers, gardeners, herdmen, etc.	8	.....	8	109	.....	109
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	5	.....	5	308	1	309
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	5	.....	5	360	2	362
Domestic service:						
Waiters, cooks, servants, etc.	1	20	21	77	112	189
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	1	.....	1	10	24	34
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	2	.....	2	12	3	15

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		2	2	1	19	20
Miners, seamen, etc.....				51		51
Prostitutes.....		3	3		11	11
Laborers.....	29		29	542		542
No occupation.....				50	5	55
Unascertained.....	4	2	6	20	4	24
Total.....	62	27	89	1,710	181	1,891

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algiers				4		4
Australia				2		2
Austria	2		2	22	2	24
Belgium				1		1
Bohemia				4		4
British India				1		1
British North America				1	1	2
Canada		1	1	34	3	37
China				5		5
Cuba				2		2
Denmark	2		2	3		3
Egypt	1		1	1		1
England				50	3	53
France				8	2	10
Germany	3	1	4	154	9	163
Greece				3		3
Holland				5		5
Hungary				5		5
Ireland	4	10	14	136	44	180
Italy	3		3	116	5	121
Malta				1		1
Norway				1	1	2
Nova Scotia				1		1
Persia				1		1
Poland	1		1	18	3	21
Prussia	1		1	1		1
Russia	2		2	38	5	43
Scotland	1		1	10	2	12
Sicily				1		1
Spain		1	1		1	1
Sweden				6	1	7
Switzerland				7		7
United States	32	13	45	1,015	93	1,108
West Indies				6	1	7
Unascertained	10	1	11	47	5	52
Total	62	27	89	1,710	181	1,891

Of the total number admitted since the 1st of October, 1888, the parents of 60.76 per cent were both of foreign birth.

In 3.70 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.12 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany	2		2
Allegany			
Broome			
Cattaraugus			
Cayuga	1		1
Chautauqua			
Chemung			
Chenango			
Clinton			
Columbia	1		1
Cortland			
Delaware			
Dutchess	2		2
Erie	2		2
Essex			
Franklin	1		1
Fulton			
Genesee			
Greene			
Hamilton			
Herkimer			
Jefferson	1		1
Kings	19		19
Lewis			
Livingston	1		1
Madison			
Monroe	4		4
Montgomery			
Nassau			
New York	34		34
Niagara			
Oneida	1		1
Onondaga	4		4
Ontario			
Orange	2		2
Orleans			
Oswego			
Otsego			
Putnam			
Queens			
Rensselaer			
Richmond			
Rockland	2		2

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table No. 19—(Concluded)

COUNTRIES	Public	Private	Total
St. Lawrence.....	1	.....	1
Saratoga.....	2	.....	2
Schenectady.....	.....	.....	.....
Schoharie.....	.....	.....	.....
Schuyler.....	.....	.....	.....
Seneca.....	1	.....	1
Steuben.....	.....	.....	.....
Suffolk.....	.....	.....	.....
Sullivan.....	.....	.....	.....
Tioga.....	.....	.....	.....
Tompkins.....	1	.....	1
Ulster.....	1	.....	1
Warren.....	.....	.....	.....
Washington.....	1	.....	1
Wayne.....	.....	.....	.....
Westchester.....	5	.....	5
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....
Total.....	89	.....	89

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....	17	6	23
Allegany.....			
Broome.....	2		2
Cattaraugus.....	3		3
Cayuga.....	5	1	6
Chautauqua.....	4		4
Chemung.....	3	3	6
Chenango.....	2		2
Clinton.....	3	1	4
Columbia.....	5		5
Cortland.....			
Delaware.....	1		1
Dutchess.....	10	1	11
Erie.....	16	4	20
Essex.....	2		2
Franklin.....	2		2
Fulton.....			
Genesee.....			
Greene.....	1		1
Hamilton.....			
Herkimer.....			
Jefferson.....	7		7
Kings.....	69	17	86
Lewis.....			
Livingston.....	1		1
Madison.....	5		5
Monroe.....	25	4	29
Montgomery.....	4		4
Nassau.....	2	1	3
New York.....	194	43	237
Niagara.....	3		3
Oneida.....	9	4	13
Onondaga.....	18	5	23
Ontario.....	5		5
Orange.....	4	1	5
Orleans.....	1		1
Oswego.....	6	2	8
Otsego.....	1		1
Putnam.....	1		1
Queens.....	5	1	6
Rensselaer.....	9		9

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table No. 20—(Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Richmond.....	5	3	8
Rockland.....	4	.....	4
St. Lawrence.....	6	.....	6
Saratoga.....	6	1	7
Schenectady.....	.....	.....	.....
Schoharie.....	1	.....	1
Schuyler.....	4	.....	4
Seneca.....	2	.....	2
Steuben.....	11	.....	11
Suffolk.....	11	.....	11
Sullivan.....	3	1	4
Tioga.....	1	.....	1
Tompkins.....	2	.....	2
Ulster.....	5	.....	5
Warren.....	3	.....	3
Washington.....	6	.....	6
Wayne.....	5	.....	5
Westchester.....	46	7	53
Wyoming.....	2	.....	2
Yates.....	1	.....	1
Total.....	569	106	675

DANNEMORA STATE HOSPITAL

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	262	.....	262
Admitted during year ending September 30, 1906.....	59	.....	59
Total number under treatment during year..	321	.....	321
Daily average population.....	270.7	.....	270.7
Discharged during year:			
As recovered.....	16	.....	16
As improved.....	6	.....	6
As unimproved.....	3	.....	3
As not insane.....	.....	.....	.....
Died.....	11	.....	11
Whole number discharged during year.....	36	.....	36
Remaining October 1, 1906.....	285	.....	285

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	Nov. 15, 1900
Total acreage of grounds and buildings.....	About 50
Value of real estate, including buildings.....	\$287,000 00
Value of personal property	26,200 00
Acreage under cultivation	About 8

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	\$3 63
From State treasury for maintenance on estimates, 1 to 12 inclusive	60,570 72

Total receipts for maintenance	\$60,574 35
--------------------------------------	-------------

Total receipts from State comptroller on special appropriations and balances on hand.....	\$22,559 37
--	-------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$7,316 38
Estimate No. 2. For wages	20,500 71
Estimate No. 3. For provisions and stores	17,055 45
Estimate No. 4. For ordinary repairs	1,439 68
Estimate No. 5. For farm and grounds	691 96
Estimate No. 6. For clothing and bedding.....	2,310 64
Estimate No. 7. For furniture	741 16
Estimate No. 8. For books and stationery	542 53
Estimate No. 9. For fuel and light	8,133 51
Estimate No. 10. For medical supplies	407 74
Estimate No. 11. For miscellaneous expenses ...	1,102 07
Estimate No. 12. For discharged patients	332 47

Total disbursements, estimates 1 to 12 in- clusive	\$60,574 30
---	-------------

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table No. 2—(Concluded)

Total disbursements during year on special appropriations	\$18,866 83
Balances October 1, 1906	\$0 05
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	4.291
Maximum rate of wages paid attendants:	
Men	\$45 00
Minimum rate of wages paid attendants:	
Men	\$22 00
Proportion of day attendants to average daily population	1 to 8.5
Proportion of night attendants to average daily population	1 to 45
Percentage of daily patient population engaged in some kind of useful occupation . . . . .	.53
Estimated value of farm and garden products during year	\$700 00
Estimated value of articles made or manufactured by patients during year	5,200 00

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	4	.....	4	.....	.....	.....	.....
Mental strain, worry and overwork (not included in above)...	1	.....	1	.....	.....	.....	.....
Physical:							
Venereal diseases.....	3	.....	3	.....	.....	.....	.....
Accident or injury.....	2	.....	2	1	.....	1	.....
Epilepsy.....	3	.....	3	1	.....	1	.....
Old age.....	1	.....	1	1	.....	1	.....
Epidemic influenza...	1	.....	1	.....	.....	.....	.....
Congenital defect.....	3	.....	3	1	.....	1	.....
Unascertained.....	41	.....	41	1	.....	1	6
Total.....	59	.....	59	5	.....	5	6

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Admitted	Recovered	Died
Alcoholic insanity.....	1	.....	.....
General paralysis.....	1	.....	1
Senile insanity.....	1	.....	1
Epilepsy with insanity.....	3	1	.....
Imbecility, idiocy with insanity.....	14	5	1
Other psychoses.....	39	10	8

TABLE No. 5

Temporarily discontinued

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906					SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Total
Under one month.....	11	.....	11	.....	.....	.....	17	.....	.....	.....
One to three months.....	1	.....	1	.....	.....	.....	9	.....	.....	1
Three to six months.....	.....	.....	.....	.....	.....	.....	8	.....	.....	14
Six to nine months.....	.....	.....	.....	1	.....	1	6	.....	.....	13
Nine months to one year.....	.....	.....	.....	1	.....	1	7	.....	.....	9
One year to eighteen months.....	1	.....	1	3	.....	3	2	.....	.....	10
Eighteen months to two years.....	.....	.....	.....	4	.....	4	6	.....	.....	17
Two to three years.....	2	.....	2	2	.....	2	12	.....	.....	11
Three to four years.....	.....	.....	.....	1	.....	1	9	.....	.....	5
Four to five years.....	1	.....	1	3	.....	3	6	.....	.....	6
Five to ten years.....	.....	.....	.....	1	.....	1	2	.....	.....	1
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Total.....	16	.....	16	16	.....	16	87	.....	.....	87

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Tuberculosis.....	3	.....	3	9	.....	9
Diseases of the digestive system:						
Diseases of the intestines.....	.....	.....	.....	2	.....	2
Diseases of the respiratory system:						
Diseases of the lungs..	2	.....	2	2	.....	2
Diseases of the circulatory system:						
Diseases of the heart..	2	.....	2	3	.....	3
Aneurism.....	.....	.....	.....	1	.....	1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia...	1	.....	1	1	.....	1
Diseases of the nervous system:						
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	1	.....	1	1	.....	1
Mental diseases:						
General paralysis of the insane.....	1	.....	1	6	.....	6
The intoxications; heat-stroke; obesity:						
Suicide.....	1	.....	1	3	.....	3
Total.....	11	.....	11	28	.....	28

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	3	.....	3	31	.....	31
Maternal branch.....	.....	.....	.....	14	.....	14
Paternal and maternal branches.....	.....	.....	.....	3	.....	3
Collateral branches....	2	.....	2	26	.....	26
No hereditary tendency	49	.....	49	186	.....	186
Unascertained.....	5	.....	5	225	.....	225
Total.....	59	.....	59	485	.....	485

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	44	.....	44	362	.....	362
Married.....	9	.....	9	97	.....	97
Widowed.....	5	.....	5	23	.....	23
Divorced.....	.....	.....	.....	1	.....	1
Unascertained.....	1	.....	1	2	.....	2
Total.....	59	.....	59	485	.....	485

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	.....	.....	.....	4	.....	4
Academic.....	1	.....	1	6	.....	6
Common school.....	14	.....	14	98	.....	98
Read and write.....	37	.....	37	321	.....	321
Read only.....	.....	.....	.....	8	.....	8
No education.....	7	.....	7	46	.....	46
Unascertained.....	.....	.....	.....	2	.....	2
Total.....	59	.....	59	485	.....	485

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	7	.....	7	.....	.....	.....	10	.....	10
One to three months.....	1	.....	1	1	.....	1	4	.....	4
Three to six months.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Six to nine months.....	.....	.....	.....	2	.....	2	1	4	5
Nine months to one year.....	.....	.....	.....	2	.....	2	1	1	2
One year to eighteen months.....	.....	.....	.....	1	.....	1	5	.....	5
Eighteen months to two years.....	.....	.....	.....	2	.....	2	.....	.....	.....
Two to three years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Three to four years.....	.....	.....	.....	3	.....	3	1	1	2
Four to six years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ten to twenty years.....	2	.....	2	.....	.....	.....	3	.....	3
Twenty years and over.....	1	.....	1	.....	.....	.....	1	.....	1
Unascertained.....	.....	.....	.....	.....	.....	.....	2	.....	2
Total.....	11	.....	11	11	.....	11	28	.....	28
Average duration of insane life (years and tenths).....	.....			7.7	.....			4.5	.....

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888.		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years...	3	.....	3	38	.....	38
From 20 to 25 years...	12	.....	12	118	.....	118
From 25 to 30 years...	13	.....	13	99	.....	99
From 30 to 35 years...	11	.....	11	73	.....	73
From 35 to 40 years...	5	.....	5	70	.....	70
From 40 to 50 years...	12	.....	12	57	.....	57
From 50 to 60 years...	1	.....	1	24	.....	24
From 60 to 70 years...	1	.....	1	3	.....	3
From 70 to 80 years...	1	.....	1	2	.....	2
From 80 to 90 years...		.....		1	.....	1
Total	59	.....	59	485	.....	485

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...		.....		4	.....	4
From 20 to 30 years...	8	.....	8	49	.....	49
From 30 to 40 years...	5	.....	5	27	.....	27
From 40 to 50 years...	1	.....	1	5	.....	5
From 50 to 60 years...	1	.....	1	1	.....	1
From 60 to 70 years...	1	.....	1	1	.....	1
Total.....	16	.....	16	87	.....	87

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 20 to 25 years...	1	.....	1	3	.....	3
From 25 to 30 years...	2	.....	2	6	.....	6
From 30 to 35 years...	.....	.....	.....	2	.....	2
From 35 to 40 years...	1	.....	1	9	.....	9
From 40 to 50 years...	1	.....	1	1	.....	1
From 50 to 60 years...	2	.....	2	3	.....	3
From 60 to 70 years...	3	.....	3	3	.....	3
From 70 to 80 years...	1	.....	1	1	.....	1
Total.....	11	.....	11	28	.....	28

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	22	.....	22
One to three months.....	6	.....	6
Three to six months.....	2	.....	2
Six to nine months.....	2	.....	2
Unascertained.....	27	.....	27
Total.....	59	.....	59

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
One to three months.....	22	.....	22
Three to six months.....	8	.....	8
Six to nine months.....	21	.....	21
Nine months to one year.....	6	.....	6
One year to eighteen months.....	28	.....	28
Eighteen months to two years.....	28	.....	28
Two to three years.....	35	.....	35
Three to four years.....	28	.....	28
Four to five years.....	34	.....	34
Five to ten years.....	75	.....	75
Total.....	285	.....	285

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.				5		5
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.				31		31
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	2		2	30		30
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	7		7	68		68
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	14		14	99		99
Domestic service:						
Waiters, cooks, servants, etc.	4		4	42		42
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	2		2	2		2
Miners, seamen, etc.	1		1	8		8
Laborers	28		28	143		143
No occupation	1		1	57		57
Total	59		59	485		485

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algeria.....				1		1
Armenia.....				1		1
Austria.....	1		1	20		20
Belgium.....				1		1
British West Indies...				2		2
Canada.....	1		1	6		6
China.....				1		1
Cuba.....				1		1
England.....	3		3	11		11
Finland.....				1		1
Germany.....	4		4	28		28
Hungary.....	1		1	1		1
Greece.....				2		2
Italy.....	6		6	62		62
Ireland.....				19		19
Roumania.....	1		1	2		2
Russia.....	2		2	18		18
Sweden.....				2		2
Switzerland.....	4		4	5		5
Turkey.....	1		1	1		1
United States.....	35		35	300		300
Total.....	59		59	485		485

Of the total number admitted since the 1st of October, 1888, the parents of 60.62 per cent were both of foreign birth.

In 4.53 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.68 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....	2		2
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....	1		1
Delaware.....			
Dutchess.....	1		1
Erie.....	2		2
Essex.....			
Franklin.....	1		1
Fulton.....			
Genesee.....			
Greene.....	1		1
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	6		6
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	1		1
Montgomery.....			
Nassau.....			
New York.....	36		36
Niagara.....	1		1
Oneida.....			
Onondaga.....	1		1
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....	1		1
Richmond.....			
Rockland.....	1		1

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....	1		1
Schenectady.....			
Schoharie.....			
Schuyler.....	1		1
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	2		2
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	59		59

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	Men	Women	Total
Albany.....	11	.....	11
Allegany.....	.....	.....	.....
Broome.....	1	.....	1
Cattaraugus.....	5	.....	5
Cayuga.....	1	.....	1
Chautauqua.....	2	.....	2
Chemung.....	.....	.....	.....
Chenango.....	3	.....	3
Clinton.....	1	.....	1
Columbia.....	3	.....	3
Cortland.....	1	.....	1
Delaware.....	1	.....	1
Dutchess.....	6	.....	6
Erie.....	12	.....	12
Essex.....	1	.....	1
Franklin.....	.....	.....	.....
Fulton.....	1	.....	1
Genesee.....	.....	.....	.....
Greene.....	1	.....	1
Hamilton.....	.....	.....	.....
Herkimer.....	1	.....	1
Jefferson.....	5	.....	5
Kings.....	29	.....	29
Lewis.....	.....	.....	.....
Livingston.....	.....	.....	.....
Madison.....	3	.....	3
Monroe.....	6	.....	6
Montgomery.....	.....	.....	.....
Nassau.....	1	.....	1
New York.....	131	.....	131
Niagara.....	2	.....	2
Oneida.....	4	.....	4
Onondaga.....	7	.....	7
Ontario.....	2	.....	2
Orange.....	5	.....	5
Orleans.....	.....	.....	.....
Oswego.....	1	.....	1
Otsego.....	.....	.....	.....
Putnam.....	.....	.....	.....
Queens.....	3	.....	3
Rensselaer.....	9	.....	9
Richmond.....	2	.....	2
Rockland.....	1	.....	1

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table No. 25 — (Concluded)

COUNTIES	Men	Women	Total
St. Lawrence.....	1	.....	1
Saratoga.....	4	.....	4
Schenectady.....	.....	.....	.....
Schoharie.....	1	.....	1
Schuyler.....	1	.....	1
Seneca.....	.....	.....	.....
Steuben.....	1	.....	1
Suffolk.....	2	.....	2
Sullivan.....	1	.....	1
Tioga.....	.....	.....	.....
Tompkins.....	.....	.....	.....
Ulster.....	1	.....	1
Warren.....	1	.....	1
Washington.....	.....	.....	.....
Wayne.....	1	.....	1
Westchester.....	9	.....	9
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Unascertained.....	.....	.....	.....
Total.....	285	.....	285

OFFICIAL DIRECTORY

OF

State Hospitals and Private Institutions
for the Insane

REVISED TO OCTOBER 1, 1906

STATE OF NEW YORK
STATE COMMISSION IN LUNACY

Address official communications to the State Commission in Lunacy

Commissioners

CHARLES W. PILGRIM, M. D., *President*

SHELDON T. VIELE

FIDELITY BUILDING, BUFFALO, N. Y.
Long Distance Telephone

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New York Office, 1 Madison Avenue. Phone 1314 Gramercy

Medical Inspector

WM. L. RUSSELL, M. D.

POUGHKEEPSIE

Telephone

Auditor

GEORGE D. SANFORD

ALBANY

Treasurer State Hospitals

CARROLL F. SMITH

ALBANY

Total number in State Hospitals October 1, 1906, including hospitals for criminal insane.....	27,317
Total number in private institutions.....	985
Total	<hr/> 28,302 <hr/>

OFFICIAL DIRECTORY

STATE HOSPITAL SYSTEM

ADMISSION OF PRIVATE PATIENTS TO STATE HOSPITALS

Private patients can be admitted to State hospitals only upon consent of the medical superintendents. Rates for private patients range from six to ten dollars per week and a bond must be provided guaranteeing payment of accounts for maintenance.

UTICA STATE HOSPITAL

UTICA, ONEIDA COUNTY

Number patients . . .	Men 560	Women 635	Total..	1,195
Number employees . . .	Men 132	Women 144	Total..	276
HAROLD L. PALMER, M. D.,	<i>Medical Superintendent</i>			
GEORGE H. TORNEY, M. D.,	<i>First Asst. Physician</i>			
EDWARD G. STOUT, M. D.,	<i>Second Asst. Physician</i>			
(Vacancy),	<i>Asst. Physician</i>			
JULIUS E. HAIGHT, M. D.,	<i>Junior Physician</i>			
ALEXANDER L. SMITH, M. D.,	<i>Medical Interns</i>			
CLARA SMITH, M. D.,	<i>Woman Physician</i>			

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<i>Matron</i>	<i>Steward</i>
EMMA BARKER	C. A. MOSHER

Counsel

JAMES S. SHERMAN,	Utica
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81 Genesee Street

Telephone 902

One mile from the New York Central, the Rome, Watertown and Ogdensburg, the Delaware, Lackawanna and Western, and the Ontario and Western railway stations, and two miles from the West Shore station. Accessible, every 10 minutes, by Rome, Whitesboro or New York Mills electric cars. Stop at junction of Whitesboro and Court streets.

Grayercroft, the hospital's agricultural colony, is situated about a mile and a half from the hospital. Accessible by special conveyance.

Hospital Long Distance Telephone 945.

OFFICIAL DIRECTORY
WILLARD STATE HOSPITAL

WILLARD, SENECA COUNTY

Number patients . . .	Men 1,134	Women 1,156	Total.. 2,290
Number employees ..	Men 241	Women 245	Total.. 486
ROBT. M. ELLIOTT, M. D.,	<i>Medical Superintendent</i>		
ROBERT E. DORAN, M. D.,	<i>First Asst. Physician</i>		
THOMAS J. CURRIE, M. D.,	<i>Second Asst. Physician</i>		
JOHN W. RUSSELL, M. D.,	<i>Asst. Physician</i>		
ERVING HOLLEY, M. D.,	<i>Asst. Physician</i>		
LOUIS T. WALDO, M. D.,	<i>Asst. Physician</i>		
WM. H. MONTGOMERY, M. D.,	<i>Asst. Physician</i>		
CHESTER L. CARLISLE, M. D.,	<i>Asst. Physician</i>		
J. ALBERT PRITCHARD, M. D.,	<i>Junior Asst. Physician</i>		
(Vacancy),	<i>Junior Asst. Physician</i>		
CHARLOTTE B. MACARTHUR, M. D.,	<i>Woman Asst. Physician</i>		
W. B. BURLINGHAM, M. D.,	<i>Medical Interne</i>		

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E. C. DWELLE,	Penn Yan
<i>Matron</i>	<i>Steward</i>
MARY E. MAY	FRANK L. WARNE

Counsel

E. B. PARTRIDGE,	Phelps
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Local Telephone

Accessible, from the east, by New York Central and Hudson River railway (Auburn branch from Syracuse to Geneva); from the west, *via* New York Central and Hudson River railway, from Rochester (Auburn branch) to Geneva, or *via* Lehigh Valley railway; from the north, Lyons to Geneva, *via* Fall Brook railway; from Geneva, *via* steamers of the Seneca Lake Steam Navigation Company (in summer), and by Lehigh Valley railway; from the south, *via* Lehigh Valley railway or by Seneca Lake Steam Navigation Company steamers (in summer).

This hospital is most conveniently reached by Hayt's Corners. Hospital Long Distance Telephone, Willard, N. Y.
 Telegraph Office at Hospital.

OFFICIAL DIRECTORY

HUDSON RIVER STATE HOSPITAL

POUGHKEEPSIE, DUTCHESS COUNTY

Number patients	Men 1,110	Women 1,184	Total . . 2,294
Number employees . .	Men 262	Women 198	Total . . 460
ISHAM G. HARRIS, M. D.,	<i>Acting Superintendent</i>		
FREDERICK W. PARSONS, M. D.,	<i>Second Asst. Physician</i>		
SAMUEL F. MELLEN, M. D.,	<i>Asst. Physician</i>		
WM. J. CAVANAUGH, M. D.,	<i>Asst. Physician</i>		
CLINTON J. HYDE, M. D.,	<i>Asst. Physician</i>		
ADELBERT C. MATTHEWS, M. D.,	<i>Junior Asst. Physician</i>		
DEAN MILTIMORE, M. D.,	<i>Junior Asst. Physician</i>		
WILLIS E. MERRIMAN, M. D.,	<i>Junior Asst. Physician</i>		
PERLIA E. GARLOCK, M. D.,	<i>Junior Asst. Physician</i>		
RUTH DEMAREST, M. D.,	<i>Woman Physician</i>		
NORTON I. PENNOCK, M. D.,	<i>Medical Interne</i>		
RUSSELL E. BLAISDELL, M. D.,	<i>Medical Interne</i>		

Board of Managers

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MISS CATHERINE A. NEWBOLD,	Poughkeepsie
MRS. GRACE SCHENCK WARD,	Albany
GEORGE M. HINE,	Poughkeepsie
WILLIAM D. GRANGER, M. D.,	Bronxville
WILLIAM F. GURLEY,	Troy

Steward

GEO. R. FINTON

Counsel

JAMES L. WILLIAMS,	Poughkeepsie
Address, 26 Union Street	

The hospital is located two miles north of the New York Central railway station at Poughkeepsie.

Carriages may be procured at the station, or a North side trolley car may be taken to the junction of the Poughkeepsie and Eastern railway, on North street, from which point passenger trains run directly to the hospital as follows:

OFFICIAL DIRECTORY

HUDSON RIVER STATE HOSPITAL—(*Concluded*)

WEEK DAY TRAINS

LEAVE NORTH STREET:

A.M.	A.M.	A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
6.50	7.40	9.30	11.10	1.05	1.45	2.25	4.15	5.40	8.10	9.45

ARRIVE HOSPITAL STATION:

6.55	7.45	9.35	11.15	1.10	1.50	2.30	4.20	5.45	8.15	9.50
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LEAVE HOSPITAL STATION:

A.M.	A.M.	A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
7.00	8.15	9.50	11.20	1.15	2.00	4.00	5.00	6.00	8.20	9.51

ARRIVE NORTH STREET:

7.05	8.20	9.55	11.25	1.20	2.05	4.05	5.05	6.05	8.25	9.56
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SUNDAY TRAINS

LEAVE NORTH STREET:

A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
8.00	10.00	12.45	1.45	2.15	4.15	5.40	8.10	9.45	

ARRIVE HOSPITAL STATION:

8.05	10.05	12.50	1.50	2.20	4.20	5.45	8.15	9.50	
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LEAVE HOSPITAL STATION:

A.M.	A.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
8.10	10.10	12.55	2.00	4.00	5.00	6.00	8.20	9.51	

ARRIVE NORTH STREET:

8.15	10.15	1.00	2.05	4.05	5.05	6.05	8.25	9.56	
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The hospital may also be reached by the West Shore railway ferry from Highland station to Poughkeepsie, and by the Central New England railway (Poughkeepsie Bridge route). Conveyances may be procured from the Parker avenue station, or the train may be taken at North street to the hospital grounds, as previously mentioned. The North street station is connected with all other stations by trolley cars.

Local and Long Distance Telephones.

Bell Telephone 171.

Dutchess County Telephone 500.

OFFICIAL DIRECTORY

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

MIDDLETOWN, ORANGE COUNTY

Number patientsMen 596 Women 712 Total.. 1,308

Number employeesMen 149 Women 108 Total.. 257

MAURICE C. ASHLEY, M. D., *Medical Superintendent*

ROBERT C. WOODMAN, M. D., *First Asst. Physician*

GEORGE F. BREWSTER, M. D., *Second Asst. Physician*

(Vacancy), *Asst. Physician*

ROY E. MITCHELL, M. D., *Asst. Physician*

ARTHUR S. MOORE, M. D., *Junior Physician*

CLARA BARRUS, M. D., *Woman Physician*

HARRY B. BALLOU, M. D., *Medical Interne*

NELSON W. THOMPSON, M. D., *Medical Interne*

HARRY V. BINGHAM, M. D., *Medical Interne*

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IRA L. CASE, *Secretary*, Middletown

GEORGE B. ADAMS, Middletown

JAMES B. CARSON, Middletown

MRS. HARRY A. DILLINGHAM, New York

MISS ALICE LARKIN, New York

Steward

HENRY J. LEONARD

Counsel

JOHN B. SWEZEY, Goshen

Long Distance Telephone 104-R-2

Middletown is 67 miles from New York city, and may be reached by the following railways: New York, Ontario and Western; Erie; New York, Susquehanna and Western. Electric cars run between Middletown and the hospital. Public carriages may also be had at the station.

Hospital Long Distance Telephone 12.

OFFICIAL DIRECTORY
BUFFALO STATE HOSPITAL
BUFFALO, ERIE COUNTY

Number patients	Men 799	Women 941	Total.. 1,740
Number employees	Men 160	Women 170	Total.. 330
ARTHUR W. HURD, M. D.,	<i>Medical Superintendent</i>		
HENRY P. FROST, M. D.,	<i>First Asst. Physician</i>		
GEORGE G. ARMSTRONG, M. D.,	<i>Second Asst. Physician</i>		
JOSEPH B. BETTS, M. D.,	<i>Asst. Physician</i>		
EDWARD G. ALDRICH, M. D.,	<i>Asst. Physician</i>		
GEORGE W. GORRILL, M. D.,	<i>Asst. Physician</i>		
B. ROSS NAIRN, M. D.,	<i>Asst. Physician</i>		
WILLIAM W. WRIGHT, M. D.,	<i>Junior Asst. Physician</i>		
HELENE KUHLMANN, M. D.,	<i>Woman Physician</i>		
WALTER L. PANNELL, M. D.,	<i>Medical Interns</i>		

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MRS. TRACY C. BECKER, <i>Secretary</i> ,	Buffalo
MRS. WALTER PLATT COOKE,	Buffalo
DR. WM. C. KRAUSS,	Buffalo
NATHAN WOLFF,	Buffalo
JOHN T. DARRISON,	Lockport
GEORGE H. KENNEDY,	Buffalo

Steward

JOHN E. CULP

Counsel

MARTIN CLARK,	Buffalo
Erie County Savings Bank Building	

The hospital is located on Forest avenue, about three and one-half miles from the principal railway stations, accessible by Elmwood avenue and Baynes and Hoyt street trolley lines, direct; also by Main street and Niagara street lines by obtaining transfer to the Forest avenue cars.

Hospital Long Distance
Bell Telephone, North 237.
Frontier Telephone 3237.

OFFICIAL DIRECTORY

BINGHAMTON STATE HOSPITAL

BINGHAMTON, BROOME COUNTY

Number patients	Men 710	Women 849	Total.. 1,559
Number employees	Men 160	Women 158	Total.. 318
CHARLES G. WAGNER, M. D.,	<i>Medical Superintendent</i>		
H. W. EGGLESTON, M. D.,	<i>First Asst. Physician</i>		
ARTHUR P. SUMMERS, M. D.,	<i>Second Asst. Physician</i>		
EDWARD GILLESPIE, M. D.,	<i>Asst. Physician</i>		
JAMES V. MAY, M. D.,	<i>Asst. Physician</i>		
CHARLES G. LYON, M. D.,	<i>Asst. Physician</i>		
WM. J. TIFFANY, M. D.,	<i>Junior Asst. Physician</i>		
ELOISE WALKER, M. D.,	<i>Woman Physician</i>		
WILLIAM A. HARRIS, M. D.,	<i>Medical Interne</i>		
(Vacancy),	<i>Medical Interne</i>		

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MRS. KATE M. ELY, <i>President</i> ,	Binghamton
JERVIS LANGDON, <i>Secretary</i> ,	Elmira
Miss ELLEN T. FISH,	Oneida
ANDREW J. FRENCH,	Oneida
GEORGE C. BAYLESS,	Binghamton
WM. MASON,	Binghamton

Steward

EDWIN EVANS

Counsel

HARVEY HINMAN,	Binghamton
Bell Telephone 283.	
Binghamton Telephone 444.	

Located on the lines of the Erie; Delaware, Lackawanna and Western, and Delaware and Hudson railways. Electric cars leave corner of Court and State streets every 20 minutes.

Hospital Long Distance Telephone 453.

Binghamton Telephone 713.

OFFICIAL DIRECTORY

ST. LAWRENCE STATE HOSPITAL

OGDENSBURG, ST. LAWRENCE COUNTY

Number patients	.....Men 963	Women 854	Total.. 1,817
Number employees	....Men 169	Women 188	Total.. 357

RICHARD H. HUTCHINGS, M. D.,	<i>Medical Superintendent</i>
ELBERT M. SOMERS, M. D.,	<i>First Asst. Physician</i>
ROY L. LEAK, M. D.,	<i>Second Asst. Physician</i>
WALTER G. RYON, M. D.,	<i>Asst. Physician</i>
ETHAN A. NEVIN, M. D.,	<i>Asst. Physician</i>
CHARLES M. BURDICK, M. D.,	<i>Asst. Physician</i>
CAROLINE S. PEASE, M. D.,	<i>Woman Physician</i>
JAMES M. O'NEILL, M. D.,	<i>Junior Physician</i>
JOHN L. VAN DE MARK, M. D.,	<i>Junior Physician</i>
HARRY P. HEALEY, M. D.,	<i>Medical Interne</i>
E. CARLTON FOSTER, M. D.,	<i>Medical Interne</i>

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GEORGE W. DUSTIN,	Malone
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JOHN J. ROBINSON, M. D.,	Plattsburg
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LEONARD A. SAXER, M. D.,	Syracuse
SAMUEL M. BAGG,	Watertown

Steward

WILLIAM C. HALL

Counsel

GEORGE R. MALBY,	Ogdensburg
------------------	------------

Located three and one-half miles from center of Ogdensburg on the Rome, Watertown and Ogdensburg, and Central Vermont railways. Accessible by trolley line every 15 minutes. Public carriages may also be obtained at railway stations.

Hospital Long Distance Telephone "State Hospital."

OFFICIAL DIRECTORY
 ROCHESTER STATE HOSPITAL
 ROCHESTER, MONROE COUNTY

Number patientsMen 483 Women 782 Total.. 1,265
 Number employeesMen 107 Women 130 Total.. 237

E. H. HOWARD, M. D.,	<i>Medical Superintendent</i>
E. B. POTTER, M. D.,	<i>First Asst. Physician</i>
C. T. LAMOURE, M. D.,	<i>Second Asst. Physician</i>
E. L. HANES, M. D.,	<i>Asst. Physician</i>
I. L. WALKER, M. D.,	<i>Asst. Physician</i>
W. M. H. VEEDER, M. D.,	<i>Junior Physician</i>
E. P. BALLANTINE, M. D.,	<i>Woman Physician</i>
INEZ A. BENTLY, M. D.,	<i>Clinical Assistant</i>
JOHN W. KEELER, M. D.,	<i>Clinical Assistant</i>
W. F. GAVIN, M. D.,	<i>Clinical Assistant</i>

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THOMAS A. O'HARE, M. D.,	Rochester
GEORGE H. SMITH, <i>Secretary</i> ,	Rochester
DAVID M. GARSON,	Rochester
MRS. LILLIE B. WERNER,	Rochester

Steward

W. S. REMINGTON

Counsel

JOHN A. BARHITE,	Rochester
810 German Insurance Building.	
Bell Telephone 1451	

Two miles from railway stations. Accessible by electric cars of the South avenue line.

Hospital Long Distance Telephone 602.

Rochester Telephone 3100.

EIGHTEENTH ANNUAL REPORT OF THE
OFFICIAL DIRECTORY
PURCHASING STEWARD'S DEPARTMENT

FOR

MANHATTAN STATE HOSPITAL
WARD'S ISLAND, NEW YORK CITY

CENTRAL ISLIP STATE HOSPITAL
CENTRAL ISLIP, LONG ISLAND

KINGS PARK STATE HOSPITAL
KINGS PARK, LONG ISLAND

LONG ISLAND STATE HOSPITAL
BROOKLYN, NEW YORK

Purchasing Steward

F. A. WHEELER, Office, Ward's Island, New York City

Accessible by Second, Third, Sixth and Ninth avenue elevated, subway and all uptown surface lines to One Hundred and Sixteenth street, crosstown cars running east to the river.

Telephones 3630 and 3631 Harlem.

All communications or information concerning supplies covered by proposals and specifications can be obtained through this office, either by personal visit, telephone or by letter. Standard samples may be seen at this office for such articles as are purchased under the regular form of bidding.

OFFICIAL DIRECTORY

KINGS PARK STATE HOSPITAL

KINGS PARK, LONG ISLAND

Number patients	Men 1,278	Women 1,517	Total.. 2,795
Number employees ..	Men 295	Women 249	Total.. 544

WM. AUSTIN MACY, M. D.,	<i>Medical Superintendent</i>
GEORGE O'HANLON, M. D.,	<i>First Asst. Physician</i>
ARTHUR J. CAPRON, M. D.,	<i>Second Asst. Physician</i>
DEWITT C. MACCLYMONT, M. D.,	<i>Asst. Physician</i>
W. H. HAGENBUCH, M. D.,	<i>Asst. Physician</i>
JOHN I. McKELWAY, M. D.,	<i>Asst. Physician</i>
WALTER H. SANFORD, M. D.,	<i>Asst. Physician</i>
THEODORE W. SIMON, M. D.,	<i>Asst. Physician</i>
ANNA CRAIG, M. D.,	<i>Woman Physician</i>
NISHAN A. PASHAYAN, M. D.,	<i>Junior Physician</i>
AARON J. ROSANOFF, M. D.,	<i>Junior Physician</i>
ALBERT E. ULLMAN, M. D.,	<i>Junior Physician</i>
GORDON M. GIBSON, M. D.,	<i>Junior Physician</i>
C. J. PATTERSON, M. D.,	<i>Junior Physician</i>
CHARLES H. MEADE, M. D.,	<i>Medical Interne</i>

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SILAS B. DUTCHER,	Brooklyn
JOHN ROONEY,	Brooklyn
ALEXANDER C. SNYDER,	Brooklyn
Miss HELEN J. McKEEN,	Brooklyn

Matron

MARIE FERRIER

Resident Steward

CHARLES S. PITCHER

Purchasing Steward

F. A. WHEELER,	Ward's Island, New York City
Telephone 3630 Harlem.	

OFFICIAL DIRECTORY

KINGS PARK STATE HOSPITAL—(*Concluded*)*Counsel*

MARCUS B. CAMPBELL, 26 Court street, Brooklyn
Telephone 2666 Main

New York City office, Room 2094, 1 Madison avenue.
Telephone 1314 Gramercy.

Forty-five miles from New York city. Accessible by trains on the Long Island railway. Surface and elevated road from Grand Central station, New York, to Thirty-fourth street ferry, connecting with Long Island City station of the Long Island railway. Also from Flatbush avenue station, Brooklyn, *via* Jamaica, Long Island railway. Railroad tickets at reduced rates can be obtained at the Long Island City and Flatbush avenue stations by presenting orders for the same. These orders can be obtained at the hospital, at the Long Island State Hospital, Brooklyn, or at the New York City office, Room 2094, 1 Madison avenue, New York City.

Hospital Long Distance Telephone 11 Northport.
Telegraph office at Hospital.

FULL SCHEDULE OF TRAINS

FOR KINGS PARK

Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.
L. I. City	5.52	9.10	11.12	3.04	4.42	5.52	6.42
Sundays,	9.02	10.02	.....	1.11	....	....	6.44

Leaves	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.
Flatbush ave.,	5.49	9.10	11.08	2.58	4.38	5.50	6.41
Sundays,	....	9.00	10.01	1.10	....	....	6.41

FROM KINGS PARK

Leaves	A. M.	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.
Kings Park	6.07	6.58	7.34	9.37	2.14	3.46	6.38
			A. M.	P. M.	P. M.	P. M.	P. M.
Sundays,	....	.....	8.21	3.11	4.20	6.41	8.51

OFFICIAL DIRECTORY

LONG ISLAND STATE HOSPITAL

BROOKLYN, NEW YORK

Number patients Men 350 Women 755 Total.. 1,105
 Number employees Men 93 Women 132 Total.. 225

OLIVER M. DEWING, M. D.,	<i>Medical Superintendent</i>
IRA O. TRACY, M. D.,	<i>First Asst. Physician</i>
PAUL G. TADDIKEN, M. D.,	<i>Second Asst. Physician</i>
H. ELIZABETH BALCH, M. D.,	<i>Asst. Physician</i>
JOSEPH SMITH, M. D.,	<i>Junior Asst. Physician</i>
MICHAEL BOLAND, M. D.,	<i>Medical Intern</i>
FRANCES W. THOMPSON,	<i>Matron</i>

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JAMES McMAHON,	Brooklyn
J. EDWARD SWANSTROM,	Brooklyn
HUGO HIRSH,	Brooklyn
ALEXANDER E. ORR, <i>President</i> ,	Brooklyn

Resident Steward

WM. L. BUCK.

Accessible by street car from East Twenty-third street, East Forty-second street and Fulton ferries; Fulton street car from Brooklyn bridge to Nostrand avenue, thence to Clarkson street, Flatbush.

Hospital Long Distance Telephone 68, Flatbush.

OFFICIAL DIRECTORY

MANHATTAN STATE HOSPITAL

WARD'S ISLAND, NEW YORK CITY

Number patients	Men 1,675	Women 2,704	Total.. 4,379
Number employees ..	Men 383	Women 371	Total.. 754

WILLIAM MABON, M. D.,

Superintendent and Medical Director

HERMAN C. EVARTS, M. D.,

*First Asst. Physician**Women's Division*

JNO. T. W. ROWE, M. D.,

*First Asst. Physician**Men's Division*

LOUIS C. PETTIT, M. D.,

Second Asst. Physician

DWIGHT S. SPELLMAN, M. D.,

Asst. Physician

JOHN RUDOLPH KNAPP, M. D.,

Asst. Physician

C. FLOYD HAVILAND, M. D.,

Asst. Physician

FRANK H. MAGNESS, M. D.,

Asst. Physician

PHILIP SMITH, M. D.,

Asst. Physician

JOHN L. WASHBURN, M. D.,

Asst. Physician

SAMUEL W. HAMILTON, M. D.,

Asst. Physician

PHILIP C. WASHBURN, M. D.,

Asst. Physician

FRANK ROSS HAVILAND, M. D.,

Junior Physician

MORRIS J. KARPAS, M. D.,

Junior Physician

CHARLES W. CHAPIN, M. D.,

Junior Physician

JOSEPH W. MOORE, M. D.,

Junior Physician

SYLVESTER F. O'DAY, M. D.,

Junior Physician

SHERMAN BROWN, M. D.,

Junior Physician

ANNA E. HUTCHINSON, M. D.,

Woman Physician

ADELAIDE TURNER, M. D.,

Medical Interne

HERBERT C. WOOLEY, M. D.,

Medical Interne

JOHN L. POMEROY, M. D.,

Medical Interne

FRED J. CONZELMAN, M. D.,

Medical Interne

JOHN D. CRANE, M. D.,

Medical Interne

JOHN S. RICHARDS, M. D.,

Medical Interne

CHESTER WATERMAN, M. D.,

Medical Interne

LAFAYETTE LAKE, M. D.,

Medical Interne

GLANVILLE Y. RUSK, M. D.

Asst. for Autopsies

JOHN M. LAWLER, M. D.,

Clinical Assistant

CHARLES A. FOSTER, M. D.,

Clinical Assistant

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Steward

F. A. WHEELER

Assistant Steward

LEWIS WEBB

Matron

ANNIE F. JESTLEY

Counsel

SAMUEL S. KOENIG, Esq., 53-63 Park Row, New York City

All official communications in regard to the Manhattan State Hospital should be addressed to the Superintendent.

Post office address, Station U, New York City.

Hospital Long Distance Telephone 1869 Harlem.

New York office, 1 Madison avenue. 'Phone 1314 Gramercy.

Visiting days — Mondays, Tuesdays, Fridays and Saturdays, from 1.00 to 3.00 P. M. Accessible by steamer from foot of East One Hundred and Sixteenth street. Passes can be obtained at the hospital, or at dock, foot of East One Hundred and Sixteenth street.

OFFICIAL DIRECTORY

CENTRAL ISLIP STATE HOSPITAL

CENTRAL ISLIP, SUFFOLK COUNTY

Number patients . . . Men 2,258 Women 1,535 Total— 3,793
 Number employees . . Men 349 Women 187 Total.. 536

G. A. SMITH, M. D.,	<i>Medical Superintendent</i>
M. B. HEYMAN, M. D.,	<i>First Asst. Physician</i>
C. G. BRINK, M. D.,	<i>Second Asst. Physician</i>
H. G. GIBSON, M. D.,	<i>Asst. Physician</i>
E. T. MURRAY, M. D.,	<i>Asst. Physician</i>
FRANK HINKLEY, M. D.,	<i>Asst. Physician</i>
C. B. WEST, M. D.,	<i>Asst. Physician</i>
C. L. VAUX, M. D.,	<i>Asst. Physician</i>
ABRAHAM BRILL, M. D.,	<i>Asst. Physician</i>
G. C. H. BURNS, M. D.,	<i>Junior Physician</i>
G. W. MILLS, M. D.,	<i>Junior Physician</i>
(Vacancy),	<i>Junior Physician</i>
(Vacancy),	<i>Junior Physician</i>
D. C. WIGGIN, M. D.,	<i>Medical Interne</i>
KITTIE R. OWEN, M. D.,	<i>Woman Physician</i>
(Vacancy),	<i>Woman Physician</i>
(Vacancy),	<i>Clinical Assistant</i>
(Vacancy),	<i>Clinical Assistant</i>

Board of Managers

JAMES MACGREGOR SMITH, <i>President</i> ,	New York City
HUGH KELLY,	New York City
WM. M. V. HOFFMAN,	New York City
HENRY H. HOLLISTER,	Islip, Long Island
MRS. AUGUSTUS FLOYD,	Mastic, Long Island
MRS. WILLIAM ROBISON, <i>Secretary</i> ,	Massapequa, Long Island

Resident Steward

W. J. McKEE

Hospital Long Distance Telephone, 19 Islip.
 Telegraph Central Islip, Long Island.

OFFICIAL DIRECTORY

CENTRAL ISLIP STATE HOSPITAL—(*Concluded*)

SCHEDULE OF TRAINS

FOR CENTRAL ISLIP

Leave Long	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.	P. M.	P. M.
Island City,	8.00	10.20	1.50	2.50	4.30	5.00	5.40	6.30
Sundays,	9.00	A. M.		1.30	P. M.		4.10	P. M.

FROM CENTRAL ISLIP

Leave Central	A. M.	A. M.	A. M.	A. M.	P. M.	P. M.	P. M.	P. M.
Islip,	5.46	6.48	7.31	9.15	12.50	2.11	4.18	6.31
Sundays,	9.12	A. M.		5.24	P. M.			

Railroad tickets at reduced rates may be obtained at the hospital, and at the city office, Room 2094, Metropolitan building, 1 Madison avenue, New York City.

OFFICIAL DIRECTORY
GOWANDA STATE HOMEOPATHIC HOSPITAL
GOWANDA, ERIE COUNTY

Number patients.	Men 415	Women 402	Total. . . .	817
Number employees.	Men 99	Women 59	Total. . . .	158

DANIEL H. ARTHUR, A. M., M. D.,	<i>Medical Sup't</i>
CLARENCE A. POTTER, M. D.,	<i>First Asst. Physician</i>
ROBERT M. SCHLEY, M. D.,	<i>Asst. Physician</i>
FREDERICK C. ROBBINS, M. D.,	<i>Asst. Physician</i>
ALICE E. ROWE, M. D.,	<i>Woman Physician</i>
CARL VON A. SCHNEIDER, M. D.,	<i>Medical Interne</i>
ANNA E. PERKINS, M. D.,	<i>Clinical Assistant</i>

Board of Managers

ALBERT J. FRANTZ, M. D.,	Canoga
MARY B. SHEPARD,	Buffalo
EDWIN H. WOLCOTT, M. D., <i>President,</i>	Rochester
FRED J. BLACKMON, <i>Secretary,</i>	Gowanda
WILLIAM N. WALLACE,	Gowanda
EUGENE H. PORTER, M. D.,	New York
LAURA K. LARMOUTH,	Jamestown

Steward

Matron

EARL R. QUACKENBUSH	OLIVE A. CARPENTER
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Counsel

GEORGE E. SPRING, Esq.,	Franklinville
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Hospital two miles from Gowanda on Buffalo and Jamestown branch of Erie railway. One mile from Collins. Accessible by carriage.

Hospital Long Distance Telephone at Gowanda, Bell 32. Independent, 30.

OFFICIAL DIRECTORY

MATTEAWAN STATE HOSPITAL

MATTEAWAN, DUTCHESS COUNTY

(For insane committed on orders of courts of criminal jurisdiction and for persons convicted of petty crimes or misdemeanors — not felons — becoming insane while undergoing sentence; also patients in other State hospitals still exhibiting criminal tendencies.)

Number patients.....Men 569 Women 106 Total.... 675
 Number employees...Men 97 Women 23 Total.... 120

P. O., Fishkill-on-the-Hudson, and R. R. Station, Fishkill Landing.

ROBERT B. LAMB, M. D.,	<i>Medical Superintendent</i>
AMOS T. BARKER, M. D.,	<i>First Asst. Physician</i>
WALTER M. CLARK, M. D.,	<i>Second Asst. Physician</i>
KEITH SEARS, M. D.,	<i>Asst. Physician</i>
RAYMOND F. C. KIEB, M. D.,	<i>Asst. Physician</i>
ARTHUR H. MARTIN, M. D.,	<i>Medical Intern</i>
W. A. THOMAS,	<i>Steward</i>

Fifty-eight miles from New York city, on the New York Central and Hudson River railway. It is also accessible by the West Shore and the Erie, to Newburgh; thence by ferry to Fishkill-on-the-Hudson. The institution may be reached from the Hudson River railway station, by an electric railway, which runs within one-half mile of the hospital; also public conveyances at the station.

Telephone 236.

OFFICIAL DIRECTORY

DANNEMORA STATE HOSPITAL

DANNEMORA, CLINTON COUNTY

(For male convicts declared insane while serving a sentence for a felony.)

Number patients.....	Men 285	Women 0	Total.....	285
Number employees....	Men 50	Women 6	Total.....	56

CHARLES H. NORTH, M. D.,	<i>Medical Superintendent</i>
(Vacancy),	<i>First Asst. Physician</i>
ROBERT S. McDONALD, M. D.,	<i>Junior Physician</i>
HERMAN W. JOHNSON, M. D.,	<i>Medical Intern</i>
JAMES H. KURTZ,	<i>Assistant Steward</i>

Located at Dannemora, New York, on the Chateaugay branch of the Delaware and Hudson railroad, 20 miles from Plattsburgh.

Long Distance Telephone "State Hospital."

OFFICIAL DIRECTORY
PATHOLOGICAL INSTITUTE

For the State Hospitals

WARD'S ISLAND, NEW YORK CITY

ADOLF MEYER, M. D.,	<i>Director</i>
C. B. DUNLAP, M. D.,	<i>Chief Associate in Neuropathology</i>
G. H. KIRBY, M. D.,	<i>Associate in Clinical Psychiatry</i>
C. I. LAMBERT, M. D.,	<i>Photographic Assistant</i>
GLANVILLE Y. RUSK, M. D.,	<i>Assistant for Autopsies</i>
C. MACFIE CAMPBELL, M. D.,	<i>Assistant Physician</i>
W. R. VAN KOUGHNET,	<i>Secretary</i>

Long Distance Telephone Call, Ward's Island 1869, Harlem.

Board of Alienists

Room 2074, 1 Madison avenue, New York City.

SIDNEY D. WILGUS, M. D.,	<i>Chairman</i>
GEORGE B. CAMPBELL, M. D.	
W. E. SYLVESTER, M. D.	

Long Distance Telephone Call 1697, Gramercy.

LICENSED PRIVATE ASYLUM SYSTEM

SOCIETY OF THE NEW YORK HOSPITAL

Psychopathic Department

BLOOMINGDALE, WHITE PLAINS, N. Y.

S. B. LYON, M. D.,

Medical Superintendent

AUGUST HOCH, M. D.,

First Assistant Physician and Special Clinician

Accessible by Harlem railway and trolley. Number of patients, 340. Minimum for those who pay remunerative rates, \$10 per week. This institution receives and treats, gratuitously, a small number of indigent insane, and receives a considerable number of acute and hopeful cases, which pay only part of their expenses.

Long Distance Telephone 104, White Plains.

New York Office, 10 West 16th street, at noon.

New York Telephone 4247 18th.

PROVIDENCE RETREAT

BUFFALO, ERIE COUNTY

(Under the charge of the Sisters of Charity)

W. C. KRAUSS, M. D.,

Medical Superintendent

JOHN J. TWOHEY, M. D.,

Physician in Charge

E. E. HALEY, M. D.,

Assistant Physician

Located on Main street, corner of Kensington avenue. Distance from Union railway station, four miles. Accessible by electric street car line. Number of patients limited to 125. Minimum rate for care and treatment of private patients, \$10 per week.

Long Distance Telephone Park 49.

OFFICIAL DIRECTORY
MARSHALL SANITARIUM
TROY, RENSSELAER COUNTY

HIRAM ELLIOTT, M. D., *Physician in Charge*

Situated on Linden avenue, one mile from Union Railway station. Accessible from depot and from all parts of the city by the Albia line of electric street cars. Number of patients limited to 90. Minimum rate, \$8 per week.

Long Distance Telephone, 1454 Troy.

LONG ISLAND HOME
AMITYVILLE, LONG ISLAND

O. J. WILSEY, M. D., *Physician in Charge*

Thirty-two miles from New York. Accessible by Montauk division of Long Island railway; ferry from East Thirty-fourth street, New York, also from Brooklyn. Five minutes from railway station. Number of patients limited to 114. Monday, Wednesday and Friday, 12 to 1 p. m., 61 West Fiftieth street. Telephone 2093 Plaza, New York. Minimum rate, \$10 per week.

Long Distance Telephone 2L, Amityville.

BRIGHAM HALL HOSPITAL
CANANDAIGUA, ONTARIO COUNTY

D. R. BURRELL, M. D., *Physician in Charge*

Situated on Bristol street, one mile from the New York Central and Northern Central railway station. Accessible by public carriages, always to be found at the station. Number of patients limited to 78. Minimum rate \$15 per week.

Telephone, Brigham Hall.

OFFICIAL DIRECTORY

SANFORD HALL

FLUSHING, NEW YORK CITY

W. STUART BROWN, M. D.,	<i>Physician in Charge</i>
ARCHIBALD CAMPBELL, M. D.,	<i>Assistant Physician</i>
EDWARD F. CROFUTT, M. D.,	<i>Assistant Physician</i>

Situated about one-quarter of a mile from Long Island railway station, and easily accessible by carriage from any part of Greater New York. In coming from borough of Manhattan, take ferry at East Thirty-fourth street, and train to Flushing, Main street. From borough of Brooklyn, take Flushing avenue trolley for Flushing.

Dr. Brown may be seen at the office in borough of Manhattan, 56 West Fifty-sixth street, on Tuesday or Friday, between 10 and 12. Number of patients limited to 44. Minimum rate, \$25 per week.

Long Distance Telephone, 17 Flushing.

ST. VINCENT'S RETREAT

(Under the charge of the Sisters of Charity)

HARRISON, WESTCHESTER COUNTY

H. ERNST SCHMID, M. D.,	<i>Attending Physician</i>
White Plains,	
SWEPSON J. BROOKS, M. D.,	<i>Physician in Charge</i>

For women only. Fifty minutes from New York, on the New York and New Haven railway. Trains leave Grand Central station, New York city, for Harrison, every hour, from 9 a. m. to 7 p. m. Number of patients limited to 150. Applications for admission should be made to the Sister in charge.

Long Distance Telephone 100 Rye.

OFFICIAL DIRECTORY

BREEZEHURST TERRACE

WHITESTONE, N. Y. CITY, LONG ISLAND

D. A. HARRISON, M. D.,	<i>Physician in Charge</i>
D. R. LEWIS, M. D.,	<i>Assistant Physician</i>
HAROLD KIRBY, M. D.,	<i>Second Assistant Physician</i>

Accessible from New York city, from East Thirty-fourth street ferry, *via* Long Island railway. From James slip near the Brooklyn bridge to Long Island City. Trains run every half hour to Whitestone, time 25 minutes. May also be reached by driving *via* Ninety-ninth street ferry to College Point, from which place it is about 10 minutes' drive. Going from Brooklyn, take Greenpoint car or Crosstown car to Long Island City or Corona; thence to Long Island railway. In taking patients from Brooklyn, it is better to drive, as it only takes a little more than one hour, *via* Grand street to Newtown, thence through Flushing to Whitestone. Cars arrive from Brooklyn in one hour. Number limited to 35. (Voluntary patients received.) Breezehurst Terrace, five minutes' walk from Whitestone station.

Carriages sent from Sanitarium to Brooklyn and New York for patients.

Brooklyn office, 31 Sydney place. New York office, 110 West Fifty-seventh street.

Sanitarium Telephone, Whitestone 213.

New York City Telephone, 260 Columbus.

Brooklyn Office Telephone, 3017 Main.

THE PINES

AUBURN, CAYUGA COUNTY

FREDERICK SEFTON, M. D.,	<i>Physician in Charge</i>
GUY R. MONTGOMERY, M. D.,	<i>Assistant Physician</i>

Accessible by the New York Central and Hudson River railway and the Lehigh Valley railway. Two and a half hours by rail from Rochester, four from Albany and Buffalo, seven from New York city. Number of patients limited to 12. Rates, per week, including medical attendance, special nurse, private room, and special tray service, on application.

Long Distance Telephone, 261.

OFFICIAL DIRECTORY

WALDEMERE

MAMARONECK, WESTCHESTER COUNTY

E. N. CARPENTER, M. D.,

Physician in Charge

J. P. GREENE, M. D.,

Assistant Physician

Forty minutes from New York on the New York, New Haven and Hartford railway. Trains leave Grand Central station, New York city, every hour, for Mamaroneck. (Voluntary patients received.) Waldemere is one and one-half miles from the station, where public carriages may be found. Number of patients limited to 12. Minimum rate, \$25 per week. House is conducted on private family plans, and only selected cases of mental and nervous diseases are received. Dr. Carpenter will be at 110 West Fifty-seventh street, New York city, from 9 to 11 a. m., each day, and by appointment.

New York Telephone, 260 Columbus.

Mamaroneck, 31 Mamaroneck.

GREENMONT-ON-THE-HUDSON

POST OFFICE, OSSINING, WESTCHESTER COUNTY

RALPH LYMAN PARSONS, M. D.,

Physician in Charge

RALPH WAIT PARSONS, M. D.,

Associate Physician

Location, one mile from the New York Central Railway station at Ossining. Only selected cases of mental or nervous diseases, or of alcoholic or drug addiction received, and average number of patients accommodated six. House is conducted on the private family plan. Rate for board, services of special nurse, medical care and treatment, including hydrotherapy, on application.

Post Office and Telegraph address, Ossining.

Long Distance Telephone 365, Ossining.

OFFICIAL DIRECTORY

DR. MACDONALD'S HOUSE

CENTRAL VALLEY, ORANGE COUNTY

CARLOS F. MACDONALD, M. D.,

Proprietor and Physician in Charge

CLARENCE J. SLOCUM, M. D.,

Resident Physician

ARCHIBALD CAMPBELL, M. D.,

Assistant Physician

About one mile from Central Valley station, on Newburgh branch of the Erie railway, 49 miles from New York city. Reached, *via* Chambers and West Twenty-third street ferries from New York, also Fishkill-on-Hudson, on New York Central and Hudson River railway, *via* ferry to Newburgh. Only selected cases of mental and nervous disease received.

Rates, etc., may be ascertained on application to Dr. MacDonald, at his New York office, 70 West Forty-sixth street, on Mondays, Wednesdays and Fridays, 11 to 1 o'clock, and by appointment or at Central Valley.

New York Telephone, 3080 Bryant.

Central Telephone, Central Valley.

Western Union Telegraph.

RIVERVIEW SANATORIUM

FISHKILL-ON-HUDSON, DUTCHESS COUNTY

JAMES R. BOLTON, M. D.,

Physician in Charge

A private home for nervous invalids and selected cases of mental and nervous diseases. Overlooking the Hudson river, opposite the city of Newburgh. One and one-half hours from New York city, *via* the New York Central and Hudson River railway. Trains arrive and depart every two hours daily.

Long Distance Telephone, 25-L.

OFFICIAL DIRECTORY

INTERPINES

GOSHEN, ORANGE COUNTY

FREDERICK W. SEWARD, M. D., *Physician in Charge*

FREDERICK W. SEWARD, JR., M. D., *Assistant Physician*
(New York city office, 200 West Seventieth street).

J. PERRY SEWARD, M. D., *Associate Physician in Charge*

Sixty miles from New York city, on the Erie railway. Eight hundred feet above sea level. Institution licensed to receive 56 patients.

Long Distance Telephone, Goshen 117-J.

GLENMARY

OWEGO, TIoga COUNTY

(Hhomeopathic)

Incorporated 1897

J. T. GREENLEAF, M. D., *Physician in Charge*

MARCUS A. CURRY, M. D., *Assistant Physician*

Three-fourths of a mile from railway stations, where public carriages may be obtained. Accessible by New York, Lake Erie and Western and by Delaware, Lackawanna and Western railways, and Auburn division, Lehigh Valley railway. Number of patients limited to 50. Minimum rate, \$10 per week.

Long Distance Telephone Call, 77 Owego.

OFFICIAL DIRECTORY

RIVER CREST

ASTORIA, L. I., NEW YORK CITY

WM. ELLIOTT DOLD, M. D.,	<i>Physician in Charge</i>
WARD SAMPSELL, M. D.,	<i>Assistant Physician</i>
DOUGLAS BEATON, M. D.,	<i>Assistant Physician</i>

The Sanitarium is situated on Lawrence Point, L. I., opposite the foot of East One Hundred and Eighth street, New York city. Accessible, *via* the Ninety-second street ferry to Astoria, from which it is one and one-half miles over the Shore road. From New York take Lexington, Madison or Eighth avenue cars to Eighty-sixth street; transfer thence to Astoria ferry, where Steinway car can be taken to Wolcott avenue, three avenue blocks east from River Crest. From Brooklyn take the Greenpoint or cross-town car to Long Island City, there transferring to the Steinway trolley car, ride to Wolcott avenue, from which point the Sanitarium is 10 minutes' walk. Patients from New York city and Brooklyn may best be transferred by carriage as the distance to the foot of East Ninety-second street is only one and one-half miles, and the distance to the city limits of Brooklyn is less than two and a half miles. Telegraph and post-office address, Astoria. Minimum rate \$15 per week, including modern hydrotherapy. Number limited to 122.

Long Distance Telephone, 36 Astoria.

New York office, 616 Madison avenue, 3 to 4 p. m.

New York Telephone, 1470 Plaza.

[VERNON HOUSE

BRONXVILLE, WESTCHESTER COUNTY

WILLIAM D. GRANGER, M. D.,	<i>Physician in Charge</i>
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Post-office and telegraph, Bronxville, N. Y. Fifteen miles from Grand Central station, New York city. Harlem railway trains half-hourly. House one mile from station. Public carriages always to be secured. Number of patients limited to 12. Minimum price \$40 per week, no extras.

Long Distance Telephone, 135 Bronxville.

OFFICIAL DIRECTORY
KNICKERBOCKER HALL
AMITYVILLE, NEW YORK

WILLIAM T. LOUDEN,
JOHN R. HARDING, M. D.,

Proprietor
Medical Director

A private sanitarium. Selected cases of nervous and mental affections. Conducted upon the family plan. Special attention given to committed cases. Number limited to 15. Terms on application.

The Sanitarium is situated on the south side of Long Island, on the shores of Great South bay and Atlantic ocean. Easy of access from New York city, *via* East Thirty-fourth street ferry to Montauk division of Long Island railway. From Brooklyn, Long Island railroad depot, Flatbush; Nostrand avenue, East New York.

Automobile sent for patients on application to the Sanitarium. Telephone, 53 Amityville.

DR. KELLOGG'S HOUSE
RIVERDALE, NEW YORK CITY

THEODORE H. KELLOGG, M. D., *Physician in Charge*

Located on the corner of Riverdale Lane and Albany Post Road, opposite Van Cortlandt Park Parade Ground, 12 miles from Grand Central station, New York city, and one hour's carriage drive from Central Park via Kingsbridge.

Accessible by half hourly trains to Riverdale station, Hudson River railway, where a carriage always meets trains, or to Van Cortlandt station *via* Putnam railroad from One Hundred and Fifty-fifth street elevated railroad terminus. To be reached in six minutes by Broadway trolley from Kingsbridge, getting out at Albany Post Road and Broadway, within a few blocks of the house.

Rates \$75 per week, including trained nurse. Select cases and number limited to seven.

Address letters to Dr. T. H. Kellogg, Riverdale, New York city; telegrams to Riverdale station, Hudson River railway, and call telephone 36 Kingsbridge, New York city.

OFFICIAL DIRECTORY

DR. BOND'S HOUSE

960 North Broadway

YONKERS, WESTCHESTER COUNTY

GEORGE F. M. BOND, M. D.,

Physician in Charge

Situated on North Broadway overlooking the Hudson river, one and one-half miles from the New York Central and Hudson River railway station. Accessible in 30 minutes from New York city *via* New York Central and Hudson River railway trains every half hour from the Grand Central station; in 20 minutes *via* New York and Putnam railway from One Hundred and Fifty-fifth street and Eighth avenue, on which trains run every half hour from 8 a. m. to 1 a. m. and every hour from 1 a. m. to 8 a. m.; also *via* Hudson River Day Line boats, and *via* New York Cab Company's carriages direct to the house. From railway stations in Yonkers, take Park avenue trolley to Palisade and Roberts avenue, walk west one block to North Broadway, and north on North Broadway, a walk of seven minutes. Upon notification carriages will meet trains day or night.

Number of patients limited to eight, and only selected cases of mental and nervous diseases received. Prices for all services, medical care and treatment, including hydrotherapy, on application.

Local and Long Distance Telephone, 883 Yonkers.

DR. COMBES' SANITARIUM

Jackson avenue and Flushing bay, borough of Queens. New York city.

R. C. F. COMBES, M. D.,

Physician in Charge

J. J. MULCAHY, M. D.,

First Asst. Physician

E. J. HENKEL, M. D.,

Second Asst. Physician

Brooklyn office, 185 Hancock street.

Telephone Calls, 139 Flushing and 956 Bedford.

To reach the Sanitarium from Manhattan borough, take ferry to Long Island City then New Jackson avenue trolley to the institution (it passes the door). From Brooklyn take trolley to Long Island City and then Jackson avenue trolley to the institution. Number limited to 46.

Minimum rate, \$15.00 per week.

OFFICIAL DIRECTORY

DR. EVERETT'S HOUSE

ELMIRA, CHEMUNG COUNTY

EDWARD ALFRED EVERETT, M. D.,

Proprietor and Physician in Charge

Situated on College Hill, directly opposite Elmira college, in the most elevated section of the city. One thousand feet above the sea level. Easily reached by way of Erie, Pennsylvania, Delaware, Lackawanna and Western, and Lehigh Valley railways. Only selected cases received. Number of patients limited to seven; either sex. Rates on application. Address Edward A. Everett, M. D., 861 College avenue, Elmira, N. Y.

Telephones, Long Distance and Local, 935 Elmira.

THE KNOLLS

261st Street and Broadway, New York City

FLAVIUS PACKER, M. D.,

Physician in Charge

FREDERICK W. CHAPIN, M. D.,

Asst. Physician

A private sanitarium in New York city, adjoining Van Cortlandt Park. Number of patients limited to 20. Most conveniently reached by Harlem trains of Sixth or Ninth avenue elevated railroad, connecting every half hour at One Hundred and Fifty-fifth street with Putnam division trains for Caryl; five minutes' walk to house. Easily accessible by New York Central railway to Caryl or Riverdale; short drive from either station. By subway *via* Kingsbridge, or by trolley direct to house. Patients may be conveniently transferred by carriage, as The Knolls is within driving distance of all points in Greater New York.

Telegraph and Post-office address, Riverdale N. Y.

Telephones: 40 Kingsbridge, New York; 1150 Yonkers.

New York office, 64 West Fifty-sixth street, 11 until 12 Mondays, Wednesdays and Fridays and by appointment.

Telephone, 442 Plaza.

REPORTS OF STATE
HOSPITALS

SIXTY-FOURTH ANNUAL REPORT
OF THE
Utica State Hospital
AT UTICA
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS

BOARD OF MANAGERS

GEORGE E. DUNHAM, Esq.....	Utica
THOMAS F. BAKER, Esq.....	Utica
MRS. MARYETTE D. COXE.....	Utica
MRS. LIZZIE W. CONSTABLE.....	Utica
REV. A. V. V. RAYMOND.....	Schenectady
HON. JOHN D. KERNAN.....	Utica
THOMAS G. NOCK, M. D.....	Rome

TREASURER

H. L. PALMER.....	Utica
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RESIDENT OFFICERS

HAROLD L. PALMER, M. D.....	Superintendent and Physician
GEORGE H. TORNEY, JR., M. D.....	First Assistant Physician
EDWARD G. STOUT, M. D.....	Second Assistant Physician
THEODORE I. TOWNSEND, M. D.....	Assistant Physician
JULIUS E. HAIGHT, M. D.....	Junior Physician
ALEXANDER L. SMITH, M. D.....	Medical Interne
CLARA SMITH, M. D.....	Woman Physician
CHARLES A. MOSHER.....	Steward
EMMA BARKER	Matron

REPORT OF THE BOARD OF MANAGERS

To the Honorable State Commission in Lunacy:

The board of managers of the Utica State Hospital for the insane submit herewith their annual report for the year ending September 30, 1906. Accompanying it, and made a part of it, are the report and the statistical tables prepared and presented by the superintendent.

The number of recorded visits made by the managers of this hospital during the last fiscal year was 151, almost an average of three per week for each week in the year. In addition, a great many visits have been made of which no record was entered on the book and no account kept. The regular monthly meetings have been held, reports of which have been duly and promptly forwarded as required by statute, giving from month to month a review of whatever was notable in the history of the institution, together with suggestions and recommendations as they occurred from time to time. The meetings of the board have been largely attended, have been interesting beyond the mere memorandum of the minutes, and it is to be hoped that the meetings and the ministrations of the managers during the year have been of some benefit and value to the hospital and its inmates.

Not to go at any great length into figures and statistics, it is interesting and important in this connection to note that the number of patients admitted during the year was 318 which, added to the number in the hospital October 1, 1905, shows that during the year 1,476 have been treated and cared for in this institution. The average daily population has been 1,180. The recovery rate is 24 per cent, a creditable percentage, and one that compares favorably with the record made in previous years, and for that matter with the record of other similar hospitals.

The general health of the patients during the year has been good, fully up to the usual standard. The number of deaths during the year was 108, which is about the customary ratio. This figure is really lower than it looks when the number of very old people among the inmates is taken into account. There have been no epidemics since the date of the last report. There have been a few, and but very few, cases of diphtheria and no deaths. The whole history of diphtheria at this hospital during recent

UTICA STATE HOSPITAL—ANNUAL REPORT

years speaks volumes for the efficiency of the medical staff and the faithfulness of the nurses when the remarkably few deaths are compared with the whole number of cases. Since the isolation hospital was completed it has afforded an excellent place for the care and treatment of these patients and good results have been shown. Every precaution is taken to safeguard the inmates against the spread of diphtheria, and that there have been so few cases within the year indicates that the mastery is being gained. There have been no suicides since the date of the last report, though necessarily in an institution of this character there have been very many attempts. That they have been unsuccessful, though at times of daily occurrence, speaks well for the intelligent attention of the nurses.

Comparatively speaking, there has not been a large amount of building going on at the Utica hospital during the year. The changes following the removal of the superintendent and staff from the administration building have provided for an increased capacity which, however, is not as large as would appear at first glance. In the two new wards there are accommodations for 90 patients in all, but part of this room was previously occupied as a dormitory in connection with ward 25, so that the actual increase in capacity is only 76. The new apartments are very comfortable, the only possible criticism being that they are not as light throughout as some of the other wards. The patients have been occupying them for some time and certainly are very comfortable.

Work on the new nurses' home was commenced last summer and has been progressing as rapidly as possible under the circumstances. It is with great difficulty that the contractors have secured mechanics, the demand for those engaged in building trades being very large in the city. The new building when completed will have accommodations for about 150 people. It cannot be anticipated, however, that it will increase the capacity of the hospital by that number. Some nurses and employees now living outside will come in and practically all of those now living inside will be transferred to the new quarters. The occupancy of the home cannot at most increase the capacity of the hospital more than 75. If all those now living outside and enjoying commutation could be housed on the grounds, it would be a large saving in money, amounting in round numbers to about \$1,000 a month. It will be a practical impossibility to bring all the

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commuters into the nurses' home and thus entirely cut off commutation. Some of those eligible to residence there have their own families and homes, and of course could not bring their wives and children with them. Therefore, just exactly what the gain in capacity will be is yet a matter of speculation. The present plan is to finish off but two floors, leaving a third to be completed when the growth of the institution shall require the additional accommodations. The nurses' home when finished will have values and benefits by no means limited to the saving in commutation. It will be a much appreciated relief to those whose working hours are necessarily passed with the patients, the best of whom are nervous and exacting and many of them trying to a degree. When their work is done they can retire to a place of peace and quiet to get the rest and recreation that is their due and which will enable them to discharge their duties, when they return to them, more acceptably. The night nurses and watches can be where their daytime sleep will be undisturbed by the noises unavoidably connected with all parts of the institution. To a class of very worthy, faithful people this home will provide accommodations that will be greatly appreciated.

The much-talked-about and long-awaited-for acute hospital comes nearer to being in sight than ever before. Plans have been submitted and inspected. Advertisements are running in the papers asking for proposals. There is no need to reiterate here how anxious the managers and the physicians are for this addition to their facilities. They have wanted it for a long time and they want it right away. Suffice it at this time and place simply to express the hope that nothing will interfere with the early commencement and the speedy progress of this work.

The Utica hospital, the oldest of its sort in the State, is of such an age that an unusually large amount of what may be called ordinary repairs must be attended to every work-day of the year. It is in part for this reason that some of the work contemplated has not been done, another reason being the difficulty with which the requisite mechanical help could be secured this season. The palm house repairs have had attention, but the sun room long required for wards 16, 21 and 25 has not been commenced. Our own men have been busy every minute and it has been impossible to get outsiders to help. It is probably too late this season to begin, unless exceptionally favorable weather should be provided, but the very earliest opportunity will certainly be improved.

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In the engine room two new engines and four new dynamos—two of 50, one of 37½ and one of 75 kilowatts—have been installed. This is a much appreciated addition to the electrical equipment of the institution. Along with this have come an enlarged switchboard and motors installed in the shops for the machines which greatly facilitate the work. New pumps have been ordered but have not yet arrived.

The farm and garden have been particularly well managed and have been very productive. Goodly crops of vegetables and small fruits have been of material benefit to the dietary of the patients, and a large herd of cows has given a generous, though not too generous, supply of milk. It has been said before and is true now, that the State could save money by investing even a large sum in additional land to be used for agricultural purposes in connection with this hospital. Of necessity, the land is expensive because of its location so near, and indeed within the boundaries of, a rapidly growing city. The land is no longer valued for farming purposes but is approaching the basis of city lots. Every year will make it more costly, and the sooner 100 additional acres are secured, the better it will be for the State and this particular institution.

A need which this hospital has is for an operating room for surgery with modern equipment and as well for a laboratory of reasonable size and supplied with modern appliances. It seems an anomaly that an institution going by the name of a hospital should have been in existence for more than half a century without any surgery and without a laboratory worthy the name. It is respectfully submitted and earnestly urged that to some of the present buildings should be attached a structure available for these purposes and perhaps having rooms for patients to occupy after operation. No estimate is made of the cost because that must necessarily be preceded by plans, specifications, etc.

Another need which this institution has had for some time and felt keenly during recent years is a cold storage and ice plant, and it is estimated that \$25,000 should be appropriated for this purpose. The time has come when we can no longer rely upon any local supply for ice. That which can be gathered from the Erie canal is notoriously unfit for other than refrigerating purposes. A diminutive pond near the barns is unsuitable in size and for other reasons. It has been customary to dam up a part of the channel of the old Chenango canal and in cold weather cut

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ice which is thus given opportunity to form. In the immediate neighborhood are the D. L. & W. and Ontario and Western railroads, a power plant for the electric railway and the large Weston-Mott manufacturing establishment. The soft coal smoke with its cinders and dirt is a manifest disadvantage. It often happens that the ice gathered there is so full of specks as to be unfit for domestic use. The reservoirs of the Consolidated Water Company of Utica are absolutely controlled by the Utica Ice Company which cuts and stores the entire product, and though it would be willing, probably, to sell to the institution, it would be at a price which would prove prohibitive. It follows, then, that an ice plant and proper cold storage arrangements are an imperative necessity.

Another improvement which ought not to be longer delayed is a new laundry. The present structure is antiquated and there is not room enough in it for the demands daily made upon it. The institution has far outgrown it, and it is beyond repair and impossible, in that location, of enlargement. The machinery would have to be renewed very soon and, indeed, must be fixed if it is to be run at all. The constantly increasing capacity of the hospital, made greater by the new buildings in progress or contemplation, makes it absolutely essential that a new laundry shall be provided, and at once. As to this there can be but one opinion. An architect should be employed to make plans and specifications upon which to base an estimate and secure at the earliest possible moment an adequate appropriation.

The question of a new barn at Graycroft was threshed out, approved and put in the appropriation bill last winter which passed both houses. The Governor, in an economical desire to cut down expenses, vetoed that item and thereby inflicted inconvenience and hardship upon the farm colony of this institution. A respectful and very earnest request is made for an appropriation of \$7,500 for a new barn and silos at Graycroft. That the old structure is well nigh useless a single glance will suffice to show. That a new one is needed is equally obvious. The sum fixed in this estimate is none too large.

A request is made for \$1,500 to be used in providing new cement walks and gutters in front of the hospital from the administration building to the entrance on Court street. At present

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there are flagstones and a cobblestone gutter. It needs no extended argument to prove that the modern arrangement of cement walks and gutters is far preferable. It is by this avenue that all visitors approach and leave the institution and its appearance should certainly be a credit to the State. The flagstones now there could be carefully removed and made good use of in paving on York street and around the nurses' home. If they are not used for that purpose, several hundred dollars must be appropriated for new ones, for these walks must be provided as soon as that building is completed.

Another need is for a forcing house of suitable size. This is a necessary adjunct to the garden and if properly equipped will pay for itself every year.

A new lumber shed, which would cost about \$1,400, is very desirable. Considerable lumber must be kept on hand and it would be a great economy if it could be properly housed and kept from the weather.

Re-tubing four boilers and repairing the settings is estimated to cost \$1,764, and that sum is needed at once. The boilers must be kept in condition and they cannot be available without this attention.

A new food car, to cost \$65; repairs to roofs and gutters, \$500; extraordinary painting, \$1,500, are items that should be arranged for at the earliest opportunity. They are all greatly needed and as to some of them delays are dangerous.

It is also urged that the sum of \$1,260 be appropriated for the purchase of new urns for the several dining rooms. At present the tea and coffee are made in the central kitchen and have to go a long journey with the accompanying chance to cool on the way before they reach the tables. If each of the dining rooms could be provided with proper urns, the tea and coffee would be better and more palatable, and the necessity for handling large quantities thereof in tin receptacles would be obviated. The expense, compared with the convenience and as well the improvement, is small.

Opportunity has been provided and improved to secure a lease on the land adjacent to the spring which provides the hospital water supply, the lease being for three years with an option to purchase. This matter is recommended to the special consideration of the Commission.

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During the year the usual entertainments have been provided for the inmates. From October to May there were weekly dances for the patients. During the summer there were ball games almost every pleasant Saturday, which were well attended and much appreciated. Hundreds of men and many women have several hours out of doors with something to attract their attention and amuse. The usual field day of athletic sports was held in September and for the first time in 19 years it had to be postponed for a week on account of inclement weather. All that can be done ought to be done for the amusement and entertainment of the inmates, whose lives are dreary enough at best. They greatly enjoy plays, concerts, dances, etc., and are the better for them. It is not only a pleasure but a benefit that has positive remedial value.

During the year the hospital has been officially visited by the Commission as follows: October 3, 4 and 5, 1905, by Dr. William Mabon, president of the Commission; October 4 and 5, 1905, by Commissioners Lockwood and Parkhurst; June 19, 1906, by Dr. Charles W. Pilgrim, president of the Commission; and July 9 and 10, 1906, by Commissioners Pilgrim, Viele and Parkhurst.

There have been a good many changes among the attendants, due to the fact that other occupations with higher wages have proved irresistibly attractive.

During the year the following changes in the medical staff occurred: Dr. Adelbert T. Matthews, medical interne, resigned to accept the position of junior physician at the Hudson River State Hospital, Poughkeepsie, and Dr. Alexander L. Smith was appointed to fill the vacancy.

In conclusion, the managers wish to express their hearty appreciation and their entire approval of the administration of the superintendent, the medical staff, the steward, the heads of the several departments, the nurses, attendants and employees. This board counts itself fortunate in having such efficient people connected with the institution. Well deserved praise is no idle compliment, and certainly much more than is herein contained could be said and is deserved. The duties and responsibilities connected with the executive conduct and management of a hospital for the insane are not to be lightly thought of, nor are they liable to be over estimated. They call for a high degree of ability and faithfulness. That such high standards have been reached and

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maintained is thoroughly creditable. The year referred to in this report, though comparatively uneventful, has been one of careful, conscientious work, good service faithfully rendered, and what are often thankless tasks splendidly performed.

All of which is respectfully submitted.

GEORGE E. DUNHAM
THOMAS F. BAKER
MARYETTE D. COXE
LIZZIE W. CONSTABLE
ANDREW V. V. RAYMOND
JOHN D. KERNAN,
THOMAS G. NOCK

Board of Managers

OCTOBER, 1906

UTICA STATE HOSPITAL—ANNUAL REPORT
REPORT OF THE SUPERINTENDENT

To the Board of Managers:

In accordance with statutory regulations, I have the honor, as superintendent, to submit herewith the 64th annual report of the Utica State Hospital for the fiscal year ending September 30, 1906. To this report are appended the usual statistical tables.

MOVEMENT OF POPULATION

The following table shows the movement of population for the year:

	Men	Women	Total
Remaining October 1, 1905.....	551	607	1,158
Admitted during year ending September 30, 1906	166	152	318
On original commitments:			
From residences	163	150	313
By transfers from other institutions for insane	3	2	5
Total number under treatment during year	717	759	1,476
Daily average population	559	621	1,180
Capacity of institution	556	554	1,110
Discharged during year:			
As recovered	38	39	77
As improved	24	26	50
As unimproved	23	17	40
As not insane	6	0	6
Died	66	42	108
Whole number discharged during year...	157	124	281
Remaining October 1, 1906	560	635	1,195

GENERAL STATISTICS

The year has shown a steady increase in the number of patients treated. There were remaining in the hospital from last year 1,158 patients, of whom 551 were men and 607 women. At the end of the year the population had increased to 1,195 patients, of whom 560 were men and 635 women, making an increase over

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the previous year of 37. As in 1905, the increase is mainly confined to the women's department. The total number under treatment was 1,476, as compared with 1,455 last year. The greatest number in the hospital at any one time was 1,204, and the smallest 1,157. The daily average population was 1,180. The capacity of the institution has been increased by the opening of two new wards for women to 1,196.

ADMISSIONS

The total number of admissions was 318, all on original commitments, but five, who were transferred from other institutions. This is three less than the number admitted last year. Fifty-one of these were born in foreign countries and a large percentage of the remainder were born in this country of foreign parentage. As is shown in the appended tables, 46 per cent of all admissions to the hospital since October 1, 1888, are of foreign parentage. A large number of aged persons continue to be admitted. These persons are perhaps not insane within the meaning of the statute, but this arbitrary discrimination does not provide for their care elsewhere than in an institution for the insane. In the case of all those admitted there was some special reason why they could not be cared for by their friends, and their peculiarities likewise barred them from other institutions.

DISCHARGES

Seventy-seven patients were discharged recovered, 50 improved, 40 unimproved and six not insane, making a total of 173. Those cases classed as not insane were either drug habitués or alcoholics; one was a hemiplegic. Two women and four men were deported during the year. The expense of their deportation was borne in three cases by the State, in two by the steamship company which brought them to the United States, and in one case by friends.

N. L., aged 19, a Russian, who had been a resident of the United States but 19 days at the time of his admission to the hospital, December 9, 1905, had been insane for two years prior to his immigration, as stated by the relatives. He was delivered to the custody of the Holland-American line and returned to Wilna, whence he came; period of residence in the hospital, one month and 21 days.

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A. Z., aged 25, a native of Italy, and a resident of the United States less than two years, suffered from insanity probably resulting from congenital defect, with exalted religious ideas, and adversity as the exciting cause. He was returned to Italy by the Hamburg-American line. He was cared for by the hospital two months prior to his deportation.

J. C., aged 19, admitted November 2, 1904, had resided in the United States about two years prior to his admission. His insanity was due to congenital defect. He was deported at the expense of the State Commission in Lunacy and taken to Austria by his cousin.

M. Z., aged 38, a native of Italy, was admitted to the hospital June 4, 1895, having been insane about 14 months prior to that date and a patient at the Hudson River State Hospital during that period. He was taken to Naples by an attendant of this hospital at the expense of the Commission.

A. S., aged 35, a native of Germany, had been insane 10 weeks prior to admission. Her insanity was of a chronic nature and she was taken to her native country by her relatives.

M. P., aged 42, an Austrian by birth, admitted December 4, 1906. She was reported to have been insane about a month prior to that date, but it is probable that her psychosis was of long duration. She was taken to Austria at the expense of the Commission in Lunacy.

RECOVERY RATE

The recovery rate on admissions was 24.21 as against 23.67 last year. This is about the average for a number of years past. On the daily average population the rate was 6.58.

DEATHS

One hundred and eight patients died during the year, 66 men and 42 women. This is 7.32 per cent on the number treated and 9.15 per cent on the average population. This is somewhat lower than during the previous two years, but on the whole is about the average for a number of years past. Twenty-three patients died of general paresis. Thirty-three were over seventy years of age.

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ATTENDANTS

The past year has witnessed an unusually large number of changes in the corps of attendants. On the men's side of the house 57 employees have left the service: 43 of these resigned and 14 were discharged. Of the 43 who resigned, 29 left to secure other positions which they deemed more desirable, and the other 14 went away for various causes. Of the 14 men who were discharged, nine were dismissed for giving insufficient notice of intended resignation, four were discharged for intoxication and one for abuse of a patient.

On the women's side of the house, 28 employees resigned and one was discharged for giving insufficient notice. Of the 28 attendants who resigned, six left to enter general hospitals, four were married, four left on account of ill health, and the balance resigned for various reasons.

This unusual number of resignations is not due to any reasons existing within the hospital, but solely to the period of prosperity through which the country is now passing, making other employment which is more attractive and more remunerative easy to obtain. As a natural consequence it has been somewhat difficult to secure an adequate number of satisfactory new employees, but at the present time there are only a few vacancies.

TRANSFER

On the 26th of January the hospital was relieved of the care of 17 tubercular patients, 10 women and seven men, who were transferred to the St. Lawrence State Hospital for treatment at the newly completed tubercular pavilion of that institution. The removal of the patients was not only beneficial to those who were transferred, in that it afforded them an opportunity to receive treatment for which this hospital has no facilities, but it diminished, in a measure, the overcrowding of the wards and served to aid in preventing the spread of the disease in the institution.

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OCCUPATION OF WARDS IN ADMINISTRATION
BUILDING

After long and vexatious delay, because of difficulties incident to the securing of material and labor and the many obstacles natural to the remodeling of a building used for so many years for an entirely different purpose, the second and third floors of the administration building were opened as wards 28 and 29, respectively, for occupation by patients, the former on the 28th of September and the latter a few days later. To each ward 45 patients have been assigned, but as one of the dormitories had been in use many years in connection with ward 25, the total increase is but 76. The women's wards which have been overcrowded for a long time are consequently relieved to this extent.

The dining room on the fourth floor could not be used at the beginning of the fiscal year, owing to the fact that the installation of the electric waiter had not been completed, but the work was being hurried forward as rapidly as possible.

The superintendent's residence and staff house, which were erected to provide accommodations for the officers when their quarters were taken for patients, were occupied early in the year.

DIPHtheria

Sporadic cases of diphtheria have continued to make their appearance, but only five, half the number mentioned in my last report, developed during the year. Of this number four were women and one was a man; four were patients and one a nurse. The first case occurred soon after the commencement of the fiscal year, October 5th, in a woman patient on ward 21. About a month later a second woman patient on the same floor and in an adjoining ward was found to have the disease. The third case occurred in a woman on ward 27, about a month after the second. The disease did not reappear until the latter part of April, and then affected a male patient on ward 11. There were no further cases until September 19th, when a woman nurse on ward 25 was found to be infected.

The period between April 27th and September 19th, the dates of development of the fourth and fifth cases, is the longest time during which the hospital has been free from the infection since the outbreak of the disease in May, 1902. The precautions against

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the spread of the disease mentioned in previous reports have been observed. The hospital continues to make and examine cultures for the health board of the city, and during the year microscopic diagnoses were made in ninety cases.

TRAINING SCHOOL

At the commencement of the last fiscal year the junior class of the training school was made up of 29 members, and the senior of 10. All of the latter graduated at the end of the year, and are now in the employ of the institution.

The junior class, at the time of the final examination in May, was composed of 14 members, the remaining 15 having left the institution or failed to present themselves for examination. All succeeded in passing the examination of the training school committee and are now members of the present senior class.

The junior class this year is made up of 16 members. Twenty-five employees were examined for entrance to the school, but nine were not sufficiently equipped to stand the entrance test.

Instruction was carried on as heretofore by means of lectures, recitations and demonstrations, and the success of the work done is attested by the fact that all the members who appeared for final examination answered the requirements of the State hospitals examining board.

CONFERENCE OF REPRESENTATIVES OF BOARDS OF MANAGERS

This hospital was the meeting place, on the 17th and 18th of May, of the representatives of the boards of managers of the State hospitals, relative to the promulgation of uniform rules and regulations as required by the recently enacted lunacy law. The occasion was of more than usual interest to those concerned in the management of the hospitals for the insane because of the opportunity offered for the comparison of views and exchange of opinions on subjects of much importance to the wards of the State, as well as for the statutory requirements.

FARM AND GROUNDS

The steward submits the following in regard to the farm:

For ideal weather for farm work, the season of 1906 will long be remembered in this locality, commencing early in April with warm showers and plenty of sunshine, continuing through the

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summer until the late fall. With conditions such as these, tilling the soil is not only profitable but pleasant.

The acreage under cultivation this year was increased about one hundred acres by reason of the rental of land on the Champlin estate, lying about three-fourths of a mile to the north of Graycroft. A proposition to lease this land was presented to us early in the spring at an annual rental of \$200. As the necessity for more land has been pressing for some time past, the matter was laid before the Commission in Lunacy, and their approval given to a lease for a two-years' period. The property consists of a pasture of some 30 acres and a meadow of about the same, the balance being under the plow. Aside from the leased land, our acreage and planting were about as usual: Twenty-six acres garden; 80 acres of ensilage corn; one acre early potatoes; six acres late potatoes; one and one-half acres rutabagas; 28 acres oats; 4 acres oats, peas and barley for green fodder; two acres melons; one acre strawberries and the balance of the farm pasturage and meadow.

The yield of fresh vegetables from the garden was excellent: green peas, asparagus, early cabbage, string beans, lettuce, radishes, cucumbers, tomatoes, green corn, etc., each in turn being served in abundance.

Following out our experiments of the preceding season, we sowed "Pride of the North" and "Cuban Giant" seed corn for ensilage. Our harvest was approximately 1,000 tons, enough to enable us to feed our milch cattle through the months of July, August and September next year when pastures are short and dry.

The hay crop was 300 tons, the largest harvested in the past fifteen years. One hundred and five acres of meadow land were cut on the hospital property, besides some 50 to 65 acres of standing grass were purchased.

The yield of early potatoes was very satisfactory. Late potato harvest is nearly completed and so far shows a yield of over 160 bushels per acre. For several years past our potato crop has not been what we should like to have had it, although spraying often with Bordeaux and giving the growing vines careful cultivation. This year an old pasture was taken for planting and this we think is the principal reason for the increased yield.

Our rutabaga crop, while not yet harvested, is looking very promising.

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Eleven hundred bushels were the yield from the 28 acres of oats, besides over 10 tons of straw. The oats, peas and barley, sown to be cut green and fed to the cattle, came on just in time to relieve the pastures and keep up the flow of milk.

Unusual attention and cultivation were given our melons, with the result that the harvest was not only large but the quality the finest ever produced by us.

Eight thousand quarts of strawberries were gathered and served to patients and employees, commencing about the middle of June and continuing until the latter part of July.

The alfalfa of which mention was made a year ago, came on finely, and was cut three times. We purpose another spring to seed more land to this clover, as experiments so far carried on have proven that cattle and horses, in fact, all kinds of farm stock, do better when fed a ration.

The dairy continues to do well. The average number of milkers for the past year has been 63, and quite a few of them two and three-year-olds. The average production of milk has been nearly 28 pounds daily. There were times in the flush of feed during May and June when milk was so plentiful that it was served daily for dinner throughout the hospital. Efforts to improve our herd are still going on, but three or four years will necessarily elapse before any great improvement can be shown.

Farm stock, horses, cattle, poultry and swine have all been thrifty and the general health good. Eighteen thousand pounds of pork have been slaughtered, which is hardly as much as the outlook for the coming season warrants. About twelve hundred fowls comprise our flock of poultry. They have produced 3,017 dozens of eggs, besides furnishing the tables with several hundred pounds of chicken.

Some new farm machinery has been added which was urgently needed: Papee ensilage cutter and blower, Brown spraying machine. The ensilage cutter was used this fall for filling silos, and is a great improvement over the old carrier machine. The sprayer was not used this summer, as the time for spraying had passed before delivery was made.

Considerable drainage has been under way, fences have been repaired and some improvements made to the farm house.

The two large silos, new when the barn was built, have shown signs of giving out. In fact, after the ensilage had been put in this fall, they began to bulge, showing that some of the timbers

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had decayed, and it was necessary to put them in iron hoops. A test of the material shows that there is quite a good deal of rot and they will only last a season or two longer at the best. In this connection, it is well perhaps to speak of silos built of cement. They are, of course, more expensive than the wooden silo, but, on the other hand, when properly built they are up for all time, and the wooden silo can be expected to last at the outside not more than five or six years. Had the silo given way enough to permit the ensilage to get to the air, or so that repairs could not be made, the loss would have been much greater than the increase in cost of cement building over the ordinary frame.

The necessity of a new barn to replace the old one, mention of which was made a year ago, is even more pressing. Shortly after our hay was housed it was noticed that the beams were cracking badly and the cattle were in danger of having the building topple in on them. To partially, at least, obviate this danger, several posts were cut from the woods and placed in the basement, and at the present writing no further sagging is noticed, but unless some radical measures are taken there is danger of a serious accident. It has been suggested from time to time that repairs be made to this building, but competent contractors have thoroughly inspected it and state that it is not worth repairing. It is hoped that an appropriation for a new barn and two silos can be obtained this winter.

MANUFACTURING DEPARTMENT

There is very little to be said about this department which has not been mentioned in other reports. The employees in the various branches have all been actively engaged in getting out work for the other State hospitals. Receipts for the past year have amounted to about \$92,000, which is considerably larger than last season. It was found necessary early last winter to add another employee to the printing department in order that there might be no delays in filling orders. As at present manned we are usually able to make shipment on day orders are received, with the exception of blank books.

A change from No. 12 to No. 14 yarn has been made in the manufacture of hosiery, the No. 12 being a trifle too coarse and not permitting enough elasticity. We believe that with a finer yarn better all around satisfaction will be given.

The same grade of Santos coffee has been supplied as formerly, and at a very reasonable price. There have been times during

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the early summer when we were furnishing the roasted product at the market price of raw material, due to a rise in price after our purchase.

Nothing worthy of mention has taken place in the spice department. Condiments are furnished all hospitals as heretofore.

The harness, brush, broom and mat departments have had about the usual amount of work.

AMUSEMENTS

The regular weekly dances began the first week of October and continued to the last week in May, and proved, as always, a source of much pleasure to the patients. Of late years the assembly hall has become much too small to admit all who would like to participate in the dances.

During the winter months a smoker was held weekly for the men, at which games of various kinds were played. The change in routine helped to break the monotony of the long winter evenings. Women patients in turn were given whist parties, which seemed to be greatly enjoyed by those able to participate.

The Simplex piano player has not lost its popularity, and new music is added from time to time. The two graphophones in Graycroft and the main building are in frequent use and occasionally new music is added, while cylinders are exchanged between Graycroft and the main building.

The Christmas entertainment was held at the usual time by the Anna Loy May Concert Company, of Syracuse, with the addition of two song and dance artists, but was not wholly satisfactory. The hall decorations were more elaborate than usual, and credit is due to those who had them in their immediate charge.

The billiard table is in regular use and affords amusement to a number of convalescent patients.

The library is well patronized. It is desirable that the number of volumes be increased, but this has not been possible because of lack of funds.

The annual field day was postponed this year, for the first time in 19 years, on account of rainy weather, but was held the following week. The events were well contested and afforded much amusement.

Frequent sleighriding parties were given to the women patients, who also attended several theatre parties during the year.

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The men patients attended Barnum's circus last summer, and, as heretofore, the management of the circus were kind enough to give reduced rates, thus permitting a large number of patients to enjoy what is to them a real pleasure.

In the early part of the summer a baseball club was formed, composed of employees and patients. The games were held weekly, and the contests were witnessed and much enjoyed by both participants and onlookers.

STAFF CHANGES

Dr. A. C. Matthews, who was appointed medical interne July 11, 1904, was promoted to the position of junior physician at the Hudson River State Hospital, Poughkeepsie, N. Y., November 1, 1905. The vacancy was filled December 1, 1905, by the appointment of Dr. Alexander L. Smith, a graduate of Queen's University, Kingston, Canada, and a former resident physician at St. Mary's Hospital, Rochester, N. Y.

VISITATION

President Mabon and Commissioners Lockwood and Parkhurst made their official visit and consulted with the representatives of the board of managers, relative to the needs of the hospital, October 3, 4 and 5, 1905.

President Pilgrim and Commissioners Viele and Parkhurst visited the hospital July 9 and 10, 1906.

Dr. W. L. Russell, medical inspector, visited the hospital January 11, 12 and 13, 1906; June 1, 2, 4 and 5, and July 9 and 10, 1906.

Dr. Stryker, president of Hamilton college, and Dr. Ford, of Utica, visitors for the State Charities Aid Association, inspected the institution November 10, 1905.

Dr. C. W. Pilgrim, superintendent of the Hudson River State Hospital, called December 2, 1905.

Dr. R. H. Hutchings, superintendent, St. Lawrence State Hospital, January 16, 1906.

Dr. A. T. Hobbs, superintendent, Homewood Sanitarium, Guelph, Ontario, Canada, February 1, 1906.

Dr. R. B. Lamb, superintendent, Matteawan State Hospital, April 3, 1906.

Hon. C. G. Robinson, president of the board of control of institutions, Iowa, May 24, 1906.

UTICA STATE HOSPITAL — ANNUAL REPORT

Drs. Mabon, Pilgrim and Wagner, several times during the week commencing June 17, 1906. Dr. Wagner examined candidates for positions as junior assistant physicians, at the institutions on August 3, and called again September 4, 1906.

Dr. C. H. North, superintendent, Dannemora State Hospital, called September 20, 1906.

ACKNOWLEDGMENT

To the members of the board of managers I wish to express my sincere appreciation of all their efforts in behalf of the patients and the welfare of the institution in general, and my grateful thanks for their advice and support during the year.

To the officers and employees of the hospital commendation is extended for faithful services cheerfully rendered.

H. L. PALMER

Superintendent

SEPTEMBER 30, 1906

UTICA STATE HOSPITAL — ANNUAL REPORT
REPORT OF THE TREASURER OF UTICA STATE HOSPITAL

Receipts

Balance on hand October 1, 1905 —		
Deficit		\$4,945 24
From State treasurer for maintenance	\$236,850 00	
From State treasurer for special funds	62,346 16	
From private patients	11,818 63	
From reimbursing patients	12,167 78	
From manufacturing department	94,472 35	
From other sources	889 19	418,544 11
		<hr/>
		\$413,598 87

Expenditures

Paid salaries	\$16,028 27	
Paid wages	95,859 39	
Paid provisions and stores	64,929 88	
Paid ordinary repairs	5,947 88	
Paid farm and grounds	8,359 27	
Paid clothing	5,250 19	
Paid furniture and bedding	7,056 31	
Paid books and stationery	1,857 34	
Paid fuel and light	18,239 30	
Paid medical supplies	1,425 72	
Paid miscellaneous	4,844 81	
Paid transportation of patients	1,892 32	
Paid construction, special funds	62,346 16	
Paid manufacturing department	79,155 61	
Paid Carroll F. Smith, treas. on manufacturing dept., Oct. 1	9,595 03	
Paid State treasurer	24,869 60	
Paid Carroll F. Smith, treas. on maintenance	5,941 79	413,598 87
		<hr/>
October 1, 1906, balance on hand	\$	0 00

H. L. PALMER

Treasurer

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	551	607	1,158
Admitted during year ending September 30, 1906.....	166	152	318
On original commitments:			
From residences.....	163	150	313
By transfers from other institutions for insane.....	3	2	5
Total number under treatment during year..	717	759	1,476
Daily average population.....	559	621	1,180
Capacity of institution.....	556	554	1,110
Discharged during the year:			
As recovered.....	38	39	77
As improved.....	24	26	50
As unimproved.....	23	17	40
As not insane*.....	6	....	6
Died.....	66	42	108
Whole number discharged during the year...	157	124	281
Remaining October 1, 1906.....	560	635	1,195

*Of the six cases discharged "not insane," four were alcoholics, the fifth a cocaine habitue and the sixth a hemiplegic.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening.....	January 16, 1843
Total acreage of grounds and buildings.....	455
Value of real estate, including buildings.....	\$1,170,000 00
Value of personal property	105,000 00
Acreage under cultivation	340

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	\$776 47
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	236,850 00
From private patients	11,818 63
From reimbursing patients	12,167 78
From all other sources	889 19

Total receipts for maintenance	\$262,502 07
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$62,346 16
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Balance on hand October 1, 1905, manufacturing department deficit	5,721 71
Total receipts from manufacturing fund.....	94,472 35

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$16,028 27
Estimate No. 2. For wages	95,859 39
Estimate No. 3. For provisions and stores...	64,929 88
Estimate No. 4. For ordinary repairs	5,947 88
Estimate No. 5. For farm grounds.....	8,359 27
Estimate No. 6. For clothing of patients.....	5,250 19
Estimate No. 7. For furniture and bedding..	7,056 31
Estimate No. 8. For books and stationery....	1,857 34
Estimate No. 9. For fuel and light.....	18,239 30
Estimate No. 10. For medical supplies	1,425 72

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2 — (Continued).

Estimate No. 11. For miscellaneous expenses..	\$4,844 81
Estimate No. 12. For transportation	1,892 32
<hr/>	
Total disbursements, estimates 1 to 12 inclusive.....	\$231,690 68
Paid State treasurer under chapter 580, Laws 1899, sundry receipts	24,869 60
<hr/>	
	\$256,560 28
<hr/>	
Yearly per capita	\$196.347
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	62,346 16
Total disbursements during year, manufacturing fund	79,155 61
Balances October 1, 1906:	
General maintenance fund.....	5,941 79
Manufacturing fund	9,595 03
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.776
Maximum rate of wages paid attendants:	
Men, attendants	30 00
Nurses	37 50
Women, attendants	22 50
Nurses	31 25
Minimum rate of wage paid attendants:	
Men	22 00
Women	16 00
Proportion of day atendants to average daily population	1 to 10
Proportion of night attendants to average daily population	1 to 49
Percentage of daily patient population engaged in some kind of useful occupation.....	50.97
Estimated value of farm and garden products during year	\$25,500 00
Estimated value of articles made or manufactured by patients during year.....	11,500 00

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un-ascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)...	9	4	13	5	1	6	1
Mental strain, worry and overwork (not included in above).....	9	6	15	3	1	4	5
Religious excitement....	2	1	3	.....	1	1	2
Fright and nervous shock.....	.....	1	1	.....	.....	.....	.....
Physical:							
Intemperance.....	36	2	38	7	1	8	5
Sexual excess.....	1	.....	1	.....	.....	.....	.....
Venereal diseases.....	9	4	13	2	.....	2	5
Masturbation.....	2	.....	2	.....	.....	.....	.....
Sunstroke.....	1	.....	1	.....	.....	.....	.....
Accident or injury.....	4	2	6	2	1	3	.....
Pregnancy.....	.....	1	1	.....	.....	.....	.....
Parturition and puerperium.....	.....	5	5	.....	1	1	1
Change of life.....	.....	19	19	.....	6	6	2
Privation and overwork.....	.....	1	1	.....	.....	.....	.....
Epilepsy.....	3	3	6	.....	1	1	1
Other convulsive disorders.....	1	3	4	.....	.....	.....	.....
Diseases of skull and brain.....	1	2	3	1	1	2	.....
Old age.....	28	19	47	5	7	12	7
Abuse of drugs.....	2	1	3	.....	1	1	.....
Loss of special sense.....	1	.....	1	.....	.....	.....	.....
All other bodily disorders and ill health.....	9	5	14	1	2	3	2
Hereditary.....	13	27	40	13	27	40	.....
Congenital defect....	8	5	13	3	1	4	4
Unascertained.....	22	41	63	2	5	7	24
Not insane.....	5	.....	5	.....	.....	.....	1
Total.....	166	152	318	44	57	101	60

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	32	21	.....
General paralysis.....	20	.....	24
Senile insanity.....	44	.....	37
Epilepsy with insanity.....	10	1	6
Imbecility, idiocy with insanity.....	6	.....	.....
Other psychoses.....	201	55	41
Not insane*.....	5	.....	.....

*Includes cases of alcoholism, drug habit, etc.

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	16	15	31	.....	.....	.....	309	259	568	11	6	17
One to three months.....	12	12	24	9	3	12	175	223	398	175	118	293
Three to six months.....	1	7	8	14	13	27	74	105	179	264	229	493
Six to nine months.....	2	.....	2	8	15	23	49	48	97	135	175	310
Nine months to one year.....	1	1	2	.....	4	4	28	22	50	53	83	136
One year to eighteen months.....	4	.....	4	4	3	7	33	24	57	68	75	143
Eighteen months to two years.....	2	.....	2	2	.....	2	10	4	14	14	18	32
Two to three years.....	.....	2	2	1	.....	1	10	18	28	27	23	50
Three to four years.....	.....	1	1	.....	1	1	5	4	9	13	6	19
Four to five years.....	.....	.....	.....	.....	.....	.....	6	4	10	2	2	4
Five to ten years.....	.....	.....	.....	.....	.....	.....	9	1	10	3	6	9
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	3	.....	3	1	.....	1
Unascertained.....	.....	1	1	.....	.....	.....	55	29	84	.....	.....	.....
Total.....	38	39	77	38	39	77	766	741	1,507	766	741	1,507

UTICA STATE HOSPITAL—ANNUAL REPORT
TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Smallpox.....					2	2
Diphtheria.....					3	3
Erysipelas.....				6	8	14
Septicemia and pyemia..	2		2	13	7	20
Dysentery.....				3	2	5
Syphilis.....				1	2	3
Tuberculosis.....	4	1	5	80	103	183
Constitutional diseases:						
Rheumatism (or rheumatic affections).....				1		1
Diabetes mellitus and diabetes insipidus.....					1	1
Diseases of the digestive system:						
Diseases of the stomach..				3	3	6
Diseases of the intestines..	3	7	10	60	72	132
Diseases of the liver.....				5		5
Diseases of the peritoneum.....		1	1	8	6	14
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi..	1		1	7	2	9
Diseases of the lungs....	5	2	7	85	50	135
Diseases of the pleura....	1		1	5	2	7
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	1	2
Diseases of the heart....	16	14	30	73	124	197
Arterio-sclerosis.....	2	1	3	10	2	12
Aneurism.....				2	1	3
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				2		2
Diseases of the genitourinary system.....	5	7	12	35	63	98

UTICA STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the spinal cord				4	2	6
Diseases of the meninges				18	4	22
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	3	5	8	70	47	117
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia)				9	8	17
Epilepsy	3		3	9	4	13
Mental diseases:						
Exhaustion of acute mental disease	2		2	66	29	95
Exhaustion of chronic mental disease						
General paralysis of the insane	19	4	23	238	57	295
The intoxications; heat-stroke; obesity:						
Alcoholism				1		1
Metallic poisoning				1	1	2
Debility of old age				93	30	123
Accident				6	4	10
Suicide				11	5	16
Surgical and gynecological diseases and diseases of the skin				10	11	21
Malignant new growths or cancer				7	23	30
Unknown					1	1
Total	66	42	108	944	680	1,624

UTICA STATE HOSPITAL—ANNUAL REPORT
TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the
current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	13	24	37	278	300	578
Maternal branch.....	18	19	37	281	334	615
Paternal and maternal branches.....	3	3	6	80	76	156
Collateral branches....	10	11	21	240	245	485
No hereditary tendency	86	71	157	1,122	999	2,121
Unascertained.....	36	24	60	1,177	843	2,020
Not insane.....				84	17	101
Total.....	166	152	318	3,262	2,814	6,076

TABLE No. 9

Showing civil condition of patients admitted during the current year and
since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	75	48	123	1,485	982	2,467
Married.....	77	76	153	1,426	1,238	2,664
Widowed.....	11	24	35	269	538	807
Divorced.....	2	4	6	23	20	43
Unascertained.....	1		1	59	36	95
Total.....	166	152	318	3,262	2,814	6,076

UTICA STATE HOSPITAL — ANNUAL REPORT
TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	2	.....	2	61	2	63
Academic.....	7	18	25	151	250	401
Common school.....	134	110	244	2,270	1,919	4,189
Read and write.....	4	8	12	225	154	379
Read only.....	.....	3	3	118	117	235
No education.....	12	10	22	244	235	479
Unascertained.....	7	3	10	193	137	330
Total.....	166	152	318	3,262	2,814	6,076

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total	Total	Men	Women	Total	Total
Under one month	4	5	9	18	135	76	211	223
One to three months	8	7	15	8	132	88	220	185
Three to six months	8	5	13	2	93	72	165	51
Six to nine months	2	4	6	12	59	58	117	168
Nine months to one year	1	1	2	6	36	34	70	126
One year to eighteen months	11	4	15	9	82	47	129	93
Eighteen months to two years	1	1	2	4	28	19	47	55
Two to three years	7	3	10	5	82	38	120	103
Three to four years	4	3	7	6	46	34	80	150
Four to six years	8	3	11	7	44	38	82	98
Six to ten years	5	2	7	4	39	37	76	113
Ten to twenty years	2	3	5	4	46	45	91	120
Twenty years and over	2	1	3	10	23	23	46	72
Not insane*				2	1	1	2	8
Unascertained	3		3		98	70	168	
Total	66	42	108	108	944	680	1,624	1,624
Average duration of insane life (years and tenths)			5.5	6.6			5.5	6.5
				6.5				6.0

* Includes cases of alcoholism, drug habit, etc.

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1,
1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				1		1
From 10 to 15 years.....				7	4	11
From 15 to 20 years.....	2	11	13	110	98	208
From 20 to 25 years.....	9	10	19	240	193	433
From 25 to 30 years.....	21	8	29	318	276	594
From 30 to 35 years.....	15	13	28	408	313	721
From 35 to 40 years.....	18	17	35	421	310	731
From 40 to 50 years.....	43	39	82	716	638	1,354
From 50 to 60 years.....	19	26	45	455	458	913
From 60 to 70 years.....	24	12	36	348	301	649
From 70 to 80 years.....	11	12	23	185	159	344
From 80 to 90 years.....	4	4	8	53	64	117
Total.....	166	152	318	3,262	2,814	6,076

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	1	2	3	34	44	78
From 20 to 30 years...	8	8	16	181	193	374
From 30 to 40 years...	11	10	21	198	197	395
From 40 to 50 years...	12	8	20	187	158	345
From 50 to 60 years...	5	9	14	94	97	191
From 60 to 70 years...	1	2	3	60	40	100
From 70 to 80 years.....				12	12	24
Total.....	38	39	77	766	741	1,507

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years....				1		1
From 15 to 20 years....				6	3	9
From 20 to 25 years....				26	12	38
From 25 to 30 years....	1	1	2	28	21	49
From 30 to 35 years....	2		2	64	32	96
From 35 to 40 years....	5	2	7	89	51	140
From 40 to 50 years....	13	11	24	209	117	326
From 50 to 60 years....	11	6	17	163	136	299
From 60 to 70 years....	13	10	23	164	126	290
From 70 to 80 years....	12	7	19	134	117	251
From 80 to 90 years....	9	5	14	60	65	125
Total.....	66	42	108	944	680	1,624

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	40	25	65
One to three months.....	33	22	55
Three to six months.....	13	16	29
Six to nine months.....	6	15	21
Nine months to one year.....	1	1	2
One year to eighteen months.....	9	18	27
Eighteen months to two years.....	6	3	9
Two to three years.....	11	9	20
Three to four years.....	4	8	12
Four to five years.....	9	3	12
Five to ten years.....	5	13	18
Ten to fifteen years.....	3	5	8
Fifteen to twenty years.....	2	3	5
Twenty to thirty years.....	7	4	11
Thirty years and upwards.....	1	4	5
Not insane*.....	5		5
Unascertained.....	11	3	14
Total.....	166	152	318

*Includes cases of alcoholism, morphia habit, etc.

UTICA STATE HOSPITAL—ANNUAL REPORT
TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	14	7	21
One to three months.....	28	29	57
Three to six months.....	24	25	49
Six to nine months.....	22	25	47
Nine months to one year.....	14	24	38
One year to eighteen months.....	24	35	59
Eighteen months to two years.....	24	28	52
Two to three years.....	50	63	113
Three to four years.....	33	37	70
Four to five years.....	29	39	68
Five to ten years.....	122	144	266
Ten to fifteen years.....	126	116	242
Fifteen to twenty years.....	38	38	76
Twenty to thirty years.....	6	15	21
Thirty years and upwards.....	6	10	16
Not insane*.....			
Total.....	560	635	1,195

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	7	.....	7	88	4	92
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	15	.....	15	376	.....	376
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	30	.....	30	689	.....	689
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc.	28	.....	28	533	.....	533
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	25	.....	25	498	1	499
Domestic service:						
Waiters, cooks, servants, etc.	6	17	23	37	612	649
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc. ....	.....	84	84	20	1,426	1,446
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc. ....	.....	2	2	.....	34	34

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.		25	25	1	310	311
Miners, seamen, etc.	1		1	16		16
Prostitutes.		2	2		11	11
Laborers.	45		45	766		766
No occupation.	8	22	30	195	390	585
Unascertained.	1		1	43	26	69
Total.	166	152	318	3,262	2,814	6,076

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arkansas.....				1		1
Connecticut.....				20	7	27
Delaware.....				1		1
Georgia.....				2	2	4
Illinois.....		1	1		6	6
Indiana.....					1	1
Iowa.....				4		4
Kansas.....		1	1	1	2	3
Kentucky.....	1		1	3		3
Louisiana.....				1		1
Maine.....		1	1	2	2	4
Maryland.....				8	11	19
Massachusetts.....				19	11	30
Michigan.....				4	3	7
Missouri.....	1	1	2	5	4	9
Nebraska.....				2		2
Nevada.....				1		1
New Hampshire.....				6	4	10
New Jersey.....		2	2	6	10	16
New York.....	105	102	207	2,053	1,781	3,834
North Carolina.....	1	1	2	2	3	5
Pennsylvania.....	1	1	2	14	13	27
Ohio.....		1	1	7	5	12
Rhode Island.....				5	1	6
South Carolina.....				2		2
Tennessee.....					1	1
Vermont.....		1	1	21	17	38
Virginia.....				7	2	9
West Virginia.....	1		1	2		2
Wisconsin.....				3	7	10
United States.....	3	1	4	56	34	90
Austria.....	1	3	4	12	6	18
Bohemia.....				4	1	5
Canada.....	4	3	7	65	53	118
Denmark.....				8	5	13
England.....	6	3	9	108	74	182
France.....				8	10	18
Germany.....	7	9	16	219	194	413
Holland.....				2	3	5
Hungary.....	1	2	3	9	4	13
Ireland.....	13	9	22	315	350	665

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 18—(Concluded)

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Italy.....	6	5	11	31	24	55
New Brunswick.....				1		1
Newfoundland.....				1		1
Norway.....				2		2
Poland.....	5		5	23	21	44
Roumania.....				1		1
Russia.....	1	1	2	19	5	24
Scotland.....	3		3	18	15	33
Sweden.....	1		1	4	4	8
Switzerland.....		2	2	15	16	31
Turkey.....	1	1	2	1	1	2
Wales.....	2	1	3	40	29	69
Unascertained.....	2		2	98	72	170
Total.....	166	152	318	3,262	2,814	6,076

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....	1	.....	1
Allegany.....	.....	.....	.....
Broome.....	.....	.....	.....
Cattaraugus.....	.....	.....	.....
Cayuga.....	.....	.....	.....
Chautauqua.....	.....	.....	.....
Chemung.....	.....	.....	.....
Chenango.....	.....	.....	.....
Clinton.....	.....	.....	.....
Columbia.....	.....	.....	.....
Cortland.....	.....	.....	.....
Delaware.....	.....	.....	.....
Dutchess.....	.....	.....	.....
Erie.....	.....	.....	.....
Essex.....	.....	.....	.....
Franklin.....	.....	.....	.....
Fulton.....	35	1	36
Genesee.....	.....	.....	.....
Greene.....	.....	.....	.....
Hamilton.....	2	.....	2
Herkimer.....	31	1	32
Jefferson.....	.....	.....	.....
Kings.....	.....	.....	.....
Lewis.....	.....	.....	.....
Livingston.....	2	.....	2
Madison.....	2	.....	2
Monroe.....	.....	.....	.....
Montgomery.....	28	1	29
Nassau.....	.....	.....	.....
New York.....	3	.....	3
Niagara.....	.....	.....	.....
Oneida.....	129	.....	129
Onondaga.....	4	2	6
Ontario.....	.....	.....	.....
Orange.....	.....	.....	.....
Orleans.....	.....	.....	.....
Oswego.....	1	.....	1
Otsego.....	1	.....	1
Putnam.....	.....	.....	.....
Queens.....	.....	.....	.....
Rensselaer.....	2	.....	2
Richmond.....	.....	.....	.....
Rockland.....	.....	.....	.....
St. Lawrence.....	.....	.....	.....

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
Saratoga.....	25	.....	25
Schenectady.....	31	.....	31
Schoharie.....	.....	.....	.....
Schuyler.....	.....	.....	.....
Seneca.....	.....	.....	.....
Steuben.....	1	.....	1
Suffolk.....	.....	.....	.....
Sullivan.....	.....	.....	.....
Tioga.....	.....	.....	.....
Tompkins.....	.....	.....	.....
Ulster.....	.....	.....	.....
Warren.....	15	.....	15
Washington.....	.....	.....	.....
Wayne.....	.....	.....	.....
Westchester.....	.....	.....	.....
Wyoming.....	.....	.....	.....
Yates.....	.....	.....	.....
Soldiers' Home.....	.....	.....	.....
Total.....	313	5	318

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	25	4	29	1	1	2
Allegany.....						
Broome.....	1		1		1	1
Cattaraugus.....						
Cayuga.....		1	1		2	2
Chautauqua.....						
Chemung.....		2	2		1	1
Chenango.....		1	1			
Clinton.....						
Columbia.....						
Cortland.....		1	1			
Delaware.....						
Dutchess.....	1		1			
Erie.....	1		1	1		1
Essex.....						
Franklin.....						
Fulton.....	45	56	101		1	1
Genesee.....						
Greene.....	1		1			
Hamilton.....	3	1	4	1		1
Herkimer.....	40	78	118	1	2	3
Jefferson.....		1	1		1	1
Kings.....				1		1
Lewis.....						
Livingston.....	2	1	3			
Madison.....	11	11	22		2	2
Monroe.....						
Montgomery.....	50	64	114	1	2	3
Nassau.....						
New York.....	14	8	22	1	1	2
Niagara.....						
Oneida.....	225	217	442	3	6	9
Onondaga.....	3	11	14		1	1
Ontario.....						
Orange.....						
Orleans.....						
Oswego.....		3	3	.....	
Otsego.....		1	1	.....	
Putnam.....				.....	
Queens.....						
Rensselaer.....	9	1	10	1	1	2
Richmond.....						

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....						
St. Lawrence.....					1	1
Saratoga.....	31	61	92			
Schenectady.....	55	53	108	1	1	2
Schoharie.....	1	2	3			
Schuyler.....						
Seneca.....						
Steuben.....	2		2			
Suffolk.....						
Sullivan.....						
Tioga.....						
Tompkins.....					1	1
Ulster.....						
Warren.....	20	28	48			
Washington.....	7	2	9			
Wayne.....						
Westchester.....		1	1		1	1
Wyoming.....	1		1			
Yates.....						
Unascertained.....						
Total.....	548	609	1,157	12	26	38

UTICA STATE HOSPITAL — ANNUAL REPORT
TABLE No. 21

Showing the average number of men patients employed, the average daily population, and the percentage employed daily each month in the year ending September 30, 1906

MONTH	Daily average number men employed	Daily average population	Percentage employed
1905			
October.....	300	554	54.15
November.....	296	557	53.12
December.....	286	565	50.54
1906			
January.....	283	565	50.13
February.....	289	565	51.80
March.....	289	558	52.15
April.....	283	551	51.43
May.....	291	557	52.35
June.....	300	563	53.23
July.....	303	562	53.86
August.....	310	561	55.29
September.....	300	561	53.54
Average percentage.....			52.63

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 22

Showing the average number of women patients employed, the average daily population, and the percentage employed daily each month in the year ending September 30, 1906

MONTH	Daily average number women employed	Daily average population	Percentage employed
1905			
October.....	301	607	49.51
November.....	306	604	50.72
December.....	301	608	49.43
1906			
January.....	300	613	48.99
February.....	303	613	49.39
March.....	307	620	49.58
April.....	304	625	48.69
May.....	305	628	48.64
June.....	311	634	49.05
July.....	307	636	48.25
August.....	321	638	50.31
September.....	300	636	49.16
Average percentage.....			49.31

TABLE No. 23

Showing the general statistics of the hospital from the opening, January 16, 1843, to September 30, 1906

Total number of admissions	23,533
Total number discharged recovered	7,500
Total number discharged improved	3,485
Total number discharged unimproved	6,867
Total number died	3,831
Total number discharged not insane	455
	<hr/> 22,138
Remaining September 30, 1906.....	<hr/> 1,195

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 24

General statement of the operations of the Utica State Hospital for the 63 years ending September 30, 1906

YEAR	Number admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1843.....	276	80	276	53	14	6	.....	7
1844.....	275	211	471	132	47	16	.....	16
1845.....	293	268	553	135	78	34	.....	21
1846.....	337	248	662	133	60	33	.....	22
1847.....	428	330	802	187	70	25	.....	48
1848.....	405	382	877	174	84	38	.....	86
1849.....	362	408	857	203	66	70	.....	69
1850.....	367	387	816	171	57	108	.....	51
1851.....	366	360	795	112	66	134	.....	48
1852.....	390	400	825	156	53	152	.....	39
1853.....	424	403	849	169	66	129	.....	39
1854.....	390	386	836	164	42	115	.....	65
1855.....	275	270	725	128	15	79	16	32
1856.....	242	236	697	100	33	65	8	30
1857.....	235	245	696	95	25	83	10	32
1858.....	333	282	784	114	33	99	5	31
1859.....	312	295	814	114	57	86	3	35
1860.....	337	399	856	105	56	133	3	42
1861.....	295	280	812	83	58	104	4	31
1862.....	287	305	819	106	51	115	3	30
1863.....	287	267	801	80	38	101	6	42
1864.....	319	289	853	109	44	84	4	48
1865.....	356	305	920	113	35	91	9	57
1866.....	388	362	1,003	164	39	106	9	44
1867.....	401	439	1,042	159	58	164	7	51
1868.....	382	415	985	157	85	105	10	58
1869.....	463	430	1,033	156	85	117	8	64
1870.....	481	441	1,084	153	72	134	7	75
1871.....	516	576	1,159	168	85	235	17	61
1872.....	399	447	982	142	73	156	14	62
1873.....	410	365	945	122	42	141	11	49
1874.....	368	376	948	123	53	138	14	48
1875.....	432	369	1,004	132	37	134	5	61
1876.....	436	505	1,071	142	53	237	13	60
1877.....	460	444	1,026	148	61	160	15	60
1878.....	427	402	1,009	144	37	145	7	69
1879.....	418	405	1,025	141	56	154	8	48
1880.....	468	474	1,088	155	66	197	14	42
1881.....	411	399	1,025	128	54	158	8	51

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 24—(Concluded)

YEAR	Number admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1882.....	412	460	1,038	109	46	235	13	57
1883.....	404	378	982	129	61	114	17	57
1884.....	387	384	991	89	51	177	11	56
1885.....	392	430	999	122	59	199	10	40
1886.....	430	425	999	79	61	227	6	52
1887.....	374	370	948	97	53	145	14	61
1888.....	444	411	1,022	99	63	176	13	60
1889.....	466	424	1,077	125	78	135	17	69
1890.....	507	410	1,160	135	90	78	14	93
1891.....	421	393	1,171	108	83	103	2	97
1892.....	345	286	1,123	87	43	68	8	80
1893.....	379	245	1,216	85	36	23	7	94
1894.....	355	327	1,326	69	22	142	3	91
1895.....	394	401	1,393	94	43	161	5	98
1896.....	319	295	1,311	78	88	37	7	85
1897.....	225	172	1,241	100	50	10	12	70
1898.....	268	149	1,267	79	40	12	18	62
1899.....	305	141	1,361	70	50	20	11	91
1900.....	271	193	1,390	65	52	72	4	90
1901.....	301	260	1,408	72	47	43	3	95
1902.....	271	294	1,419	66	75	58	2	93
1903.....	260	319	1,385	53	44	125	5	92
1904.....	313	245	1,379	67	45	23	5	105
1905.....	321	297	1,455	76	61	45	4	111
1906.....	318	281	1,476	77	50	40	6	108

UTICA STATE HOSPITAL — ANNUAL REPORT
TABLE No. 25

Showing the percentage of recoveries on the average population and admissions for 63 years

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1843.....	109	53	48.52	276	53	19.20
1844.....	236	132	55.93	275	132	48.80
1845.....	365	135	50.94	293	135	46.07
1846.....	283	133	46.99	337	133	39.46
1847.....	415	187	45.06	428	187	43.60
1848.....	474	174	36.70	405	174	42.96
1849.....	454	203	44.71	362	203	56.07
1850.....	433	171	39.49	367	171	46.59
1851.....	440	112	23.45	366	112	36.60
1852.....	441	156	35.37	390	156	40.00
1853.....	423	169	39.95	424	169	39.85
1854.....	444	164	37.16	390	164	42.05
1855.....	467	128	27.40	275	128	46.54
1856.....	454	100	22.24	242	100	41.73
1857.....	463	95	20.52	235	95	40.42
1858.....	489	114	23.31	333	114	34.23
1859.....	509	114	22.40	312	114	36.54
1860.....	516	105	20.33	337	105	31.15
1861.....	519	83	15.99	295	83	27.46
1862.....	526	106	20.15	287	106	36.93
1863.....	528	80	15.15	282	80	27.87
1864.....	560	109	19.46	319	109	31.02
1865.....	591	113	18.95	356	113	31.74
1866.....	643	164	25.50	388	164	42.26
1867.....	610	159	26.00	401	159	40.25
1868.....	589	157	26.65	382	157	41.78
1869.....	600	156	26.00	463	156	34.51
1870.....	629	153	24.32	481	153	32.48
1871.....	605	168	27.76	516	168	33.40
1872.....	588	142	24.00	399	142	37.22
1873.....	563	122	21.67	410	122	30.73
1874.....	581	123	21.17	368	123	33.97
1875.....	585	132	22.17	432	132	31.65
1876.....	615	142	23.09	436	142	33.17
1877.....	607	148	24.38	460	148	33.10
1878.....	600	144	24.00	427	144	34.53
1879.....	621	141	22.74	418	141	35.07
1880.....	610	155	25.41	468	155	33.92
1881.....	626	128	20.45	411	128	31.76
1882.....	621	109	17.55	412	109	27.32
1883.....	591	129	21.82	404	129	33.16

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 25—(Concluded)

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1884.....	613	89	14.52	387	89	23.92
1885.....	584	122	20.89	392	122	31.93
1886.....	577	79	13.69	430	79	18.72
1887.....	595	97	16.30	374	97	26.87
1888.....	602	99	16.45	444	99	22.92
1889.....	645	126	20.06	466	126	28.06
1890.....	691	135	19.53	507	135	27.38
1891.....	786	108	13.74	410	108	26.83
1892.....	811	87	10.72	339	87	25.66
1893.....	923	85	9.20	375	85	22.66
1894.....	978	69	7.06	352	69	19.60
1895.....	1,004	94	9.36	394	94	23.85
1896.....	1,004	78	7.76	319	78	24.45
1897.....	1,014	100	9.86	225	100	44.44
1898.....	1,014	79	7.79	268	79	29.48
1899.....	1,099	70	6.37	305	70	22.98
1900.....	1,112	65	5.85	271	65	24.00
1901.....	1,128	72	6.38	301	72	23.92
1902.....	1,124	66	5.88	271	66	24.35
1903.....	1,115	53	4.75	260	53	20.38
1904.....	1,102	67	6.08	313	67	21.41
1905.....	1,152	76	6.51	321	76	23.67
1906.....	1,180	77	6.58	318	77	24.21

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 26

Showing the percentage of deaths on the whole number treated, and on the average population for 63 years

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1843.....	7	276	2.53	109	6.44
1844.....	16	471	3.39	236	6.78
1845.....	21	553	3.79	365	7.92
1846.....	22	662	3.53	283	7.77
1847.....	48	802	5.98	415	11.56
1848.....	86	877	9.80	474	18.14
1849.....	69	857	8.05	454	15.19
1850.....	51	816	6.25	433	11.77
1851.....	48	795	6.03	440	10.91
1852.....	39	825	4.72	441	8.84
1853.....	39	849	4.59	423	9.22
1854.....	65	836	4.75	444	14.63
1855.....	32	725	4.41	467	6.85
1856.....	30	697	4.30	454	6.61
1857.....	32	696	4.59	463	6.88
1858.....	31	784	3.95	489	6.33
1859.....	35	814	4.30	509	6.87
1860.....	42	856	4.90	516	8.13
1861.....	31	812	3.82	519	5.97
1862.....	30	819	3.66	526	5.70
1863.....	42	801	5.24	528	7.95
1864.....	48	853	5.02	560	8.57
1865.....	57	920	6.19	591	8.79
1866.....	44	1,003	4.38	643	6.84
1867.....	51	1,042	4.89	610	8.36
1868.....	58	985	5.88	589	9.84
1869.....	64	1,033	6.29	600	10.66
1870.....	75	1,084	6.91	629	12.08
1871.....	61	1,159	5.35	605	10.08
1872.....	62	982	6.31	588	10.54
1873.....	49	945	5.20	563	8.70
1874.....	48	948	5.06	581	8.25
1875.....	61	1,004	6.07	595	10.25
1876.....	60	1,071	5.60	615	9.75
1877.....	60	1,026	5.84	607	9.88
1878.....	69	1,009	6.84	600	11.50
1879.....	48	1,025	4.68	621	7.73
1880.....	42	1,088	3.86	610	6.89
1881.....	51	1,025	4.98	626	8.15
1882.....	57	1,038	5.49	621	9.17
1883.....	57	982	5.80	591	9.64
1884.....	56	991	5.65	614	9.13

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 26—(Concluded)

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1885.....	40	999	4.00	584	6.84
1886.....	52	999	5.20	577	9.01
1887.....	61	948	6.43	595	10.25
1888.....	60	1,022	5.87	601	9.99
1889.....	69	1,077	6.41	645	10.68
1890.....	93	1,160	8.01	691	13.46
1891.....	97	1,171	8.28	786	12.34
1892.....	80	1,123	7.12	811	9.86
1893.....	94	1,216	7.73	923	10.18
1894.....	91	1,326	6.86	978	9.30
1895.....	98	1,393	7.03	1,004	9.76
1896.....	85	1,311	6.48	1,004	8.46
1897.....	70	1,241	5.64	1,014	6.90
1898.....	62	1,267	4.10	1,014	6.11
1899.....	91	1,361	6.68	1,099	8.28
1900.....	90	1,390	6.47	1,112	8.09
1901.....	95	1,408	6.74	1,128	8.42
1902.....	93	1,419	6.55	1,124	8.27
1903.....	92	1,385	6.64	1,115	8.25
1904.....	105	1,379	7.61	1,102	9.52
1905.....	111	1,455	7.62	1,152	9.63
1906.....	108	1,476	7.32	1,180	9.15

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 27

Showing number of cases of general paresis admitted and died since 1849

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1849.....				4		4
1850.....	1		1	2		2
1851.....	1		1	2		2
1852.....	1	1	2		1	1
1853.....	6	1	7	4	1	5
1854.....	4	1	5	4		4
1855.....	7		7	4		4
1856.....	2		2	3		3
1857.....	9		9	3		3
1858.....	4	1	5	4		4
1859.....	5	1	6	3	2	5
1860.....	9		9	9		9
1861.....	8	1	9	10		10
1862.....	7		7	4		4
1863.....	11		11	9	1	10
1864.....	15	2	17	12		12
1865.....	22		22	12	2	14
1866.....	10	3	13	9		9
1867.....	13		13	8		8
1868.....	22		22	9	1	10
1869.....	29		29	15		15
1870.....	17	2	19	18	1	19
1871.....	27	4	31	17	1	18
1872.....	17	2	19	17	2	19
1873.....	21	2	23	15	2	17
1874.....	17		17	15	1	16
1875.....	15	2	17	15		15
1876.....	16	1	17	13	1	14
1877.....	24	5	29	10	1	11
1878.....	17	2	19	12	4	16
1879.....	18	3	21	8	1	9
1880.....	26	4	30	14		14
1881.....	27	3	30	12	2	14
1882.....	27	4	31	15	3	18
1883.....	30	4	34	16	5	21
1884.....	27	5	32	14	1	15
1885.....	20	5	25	6	2	8
1886.....	18	3	21	6	4	10
1887.....	20	7	27	15		15
1888.....	23	4	27	8	2	10
1889.....	30	1	31	15	4	19
1890.....	19	4	23	24	1	25

UTICA STATE HOSPITAL—ANNUAL REPORT

Table No. 27—(Concluded)

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1891.....	12	4	16	19	7	26
1892.....	19	3	22	14	3	17
1893.....	15	5	20	11	4	15
1894.....	7	4	11	12	4	16
1895.....	15	5	20	20	2	22
1896.....	14	.....	14	14	.....	14
1897.....	6	.....	6	8	2	10
1898.....	6	1	7	9	4	13
1899.....	11	1	12	14	6	20
1900.....	13	4	17	4	2	6
1901.....	9	.....	9	13	3	16
1902.....	16	.....	16	8	1	9
1903.....	21	4	25	14	3	17
1904.....	23	6	29	14	6	20
1905.....	18	7	25	17	7	24
1906.....	12	8	20	20	4	24
Total.....	859	130	989	626	104	730

GENERAL REVIEW

Medical service, including superintendent

	Number of physicians includ- ing internes	Ratio of physicians to service.	Annual per capita cost of medical service
Utica.....	7	1 to 196.66	\$11 25

Employees

	Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Annual per capita cost of all employees
Utica.....	254	1 to 4.64	1 to 8.38	81.234

UTICA STATE HOSPITAL — ANNUAL REPORT
STATEMENT

Utica State Hospital, year ending September 30, 1906

Fuel and Light

Total annual cost	Annual per capita cost	Total number tons of coal consumed	Average purchase price per ton
\$17,427 50	\$14.76906	5,969.975	\$2.91919

ARTICLE	Average purchase price	Annual per capita cost
Poultry.....	\$.16189 per pound	\$.32008
Wheat flour.....	3.85794 per barrel	5.47631
Butter.....	.21300 per pound	7.98831
Cheese.....	.10325 per pound	.53945
*Milk.....	.....	.....
Eggs.....	.18981 per dozen	2.87991
Tea.....	.15334 per pound	.44521
Coffee.....	.11809 per pound	1.47824
Sugar.....	.04564 per pound	2.40405
Liquor.....	2.07259 per gallon	.07766
Fresh meats.....	.06005 per pound	12.01286

STATEMENT OF SPECIAL FUND EXPENDITURES,
UTICA STATE HOSPITAL, FOR THE YEAR ENDING
SEPTEMBER 30, 1906

1. Expenditures on account of new buildings to be occupied by patients and employees.....	\$9,687 94
2. Expenditures for new buildings other than those to be occupied by patients and employees....	16,917 20
3. Expenditures for extraordinary repairs, renewals and improvements, and furniture, not included in fixed charges or maintenance....	35,483 20

NOTE — There was also as expenditure under chapter 700, Laws of 1905, for deficiency in appropriation of employees' wages of \$257.82 which is not included in any of the above classifications.

Percentage of deaths on whole number treated.....	7.32
Percentage of recoveries on original admissions.....	24.59

* Supplied by the farm.

THIRTY-EIGHTH ANNUAL REPORT
OF THE
WILLARD STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS OF THE HOSPITAL

BOARD OF MANAGERS

ANNIE LAURIE STEWART.....	Ithaca
E. C. DWELLE.....	Penn Yan
MARY C. ACKER.....	Hornell
JOSEPH CAMERON.....	Hornell
ABRAM S. STOTHOFF.....	Watkins
FRED J. MANRO.....	Auburn
WM. S. MACDONALD.....	Seneca Falls

PRESIDENT

ABRAM S. STOTHOFF.....	Watkins
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SECRETARY

FRED J. MANRO.....	Auburn
--------------------	--------

ATTORNEY

E. B. PARTRIDGE.....	Phelps
----------------------	--------

RESIDENT OFFICERS

Medical Superintendent

ROBERT M. ELLIOTT, M. D.

First Assistant Physician

ROBERT E. DORAN, M. D.

Second Assistant Physician

THOMAS J. CURRIE, M. D.

Assistant Physicians

JOHN W. RUSSELL, M. D. WM. H. MONTGOMERY, M. D.
ERVING HOLLEY, M. D. LOUIS T. WALDO, M. D.
CHESTER L. CARLISLE, M. D.

Junior Physician

J. ALBERT PRITCHARD, M. D.

Woman Physician

CHARLOTTE B. MACARTHUR, M. D.

Medical Interne

WILLIAM B. BURLINGHAM, M. D.

Steward

FRANK L. WARNE

Matron

MARY E. MAY

Consulting Surgeons

WILLIAM W. SKINNER, M. D. Geneva
WILLIAM B. JONES, M. D. Rochester

Attending Ophthalmologist

JOHN S. KIRKENDALL, M. D. Ithaca

REPORT OF THE BOARD OF MANAGERS

Gentlemen — In accordance with section 33, article II, of the Insanity Law, as amended by the Legislature of 1905, the board of managers of the Willard State Hospital presents the following report for the year ending September 30, 1906.

At the annual meeting in October, Abram S. Stothoff, of Watkins, was elected president and Frederick J. Manro, of Auburn, secretary. The first Thursday of each month has been agreed upon as the time of meeting. Twelve meetings have been held and a quorum has always been present. At these times the board has given careful attention to the condition of the hospital in its several and many departments. Night inspections by the managers have been frequent in many wards and the conditions of quiet and good order that are always found to exist is a never ceasing source of gratification. The ventilation at night on the upper floors of each wing of Chapin house, is not so good as in the other wards and other buildings. The superintendent has temporarily relieved this condition by removing a few beds from the men's dormitory, that being in the worse condition because of overcrowding.

The managers have interested themselves particularly in the work of the laundry. The addition of a new mangle has made it possible for all the sheets, pillow cases and towels used in the institution to be ironed and folded. By the placing of electric flatirons in the women's wards, the patients are now able to iron their dresses — a marked improvement from the former rough-dry state, which is pleasing to all who are in the least appreciative. We believe that even the average insane woman will behave better if she be neatly and becomingly dressed.

Early in the year, it was found that few of the state-clothed women had nightgowns. That lack has gradually been supplied until all are provided with them whose condition renders their use practicable.

Although the food furnished by the hospital is uniformly good and fairly abundant, there is some doubt as to the ration of bread

WILLARD STATE HOSPITAL — ANNUAL REPORT

being sufficient for the workers. We hope that the allowance of tea may be increased in order that at dinner on the days when there is no soup, a warm drink may be a part of the meal. This is especially wanted for the women. Investigation shows that \$388.64 is the allowance annually for tobacco. Seventy-one dollars and twenty-nine cents (\$71.29) for tea would furnish every woman patient with the extra cup at noon. Most of these women are old or beyond middle age, and the tea is just as necessary for them as the Commission admits tobacco to be for the men.

We found that at Willard, bath sheets were not used even for the women, as is the custom at Flatbush and some other State hospitals. Material for some has been secured from the department, and direct application to the Commission brings assurance that these sheets are a necessity that will promptly be supplied.

Too much cannot be said in praise of the exhibit of fruits, grains and vegetables at the September field day. The industries of the institution also made a most commendable showing. More than 1,500 of the 2,300 patients were present at the field day sports, which is a self-evident proof of the good care that they receive.

In accordance with the resolution passed at the Albany conference on January 30, 1906, an After-Care committee was formed at Willard in April last, our hospital being the second in the State to take up this important work. The committee consists of six members from the State Charities Aid Association, the superintendent of Willard, and three from the Willard board of managers. Individual cases are reported to that member of the "After-Care" living nearest to the home residence of the discharged patient. Seven have been so reported within the six months since our committee was formed, and but one of that number has relapsed and been returned to the hospital.

During the past year, new plumbing has been installed at the Pines and Grandview. At the latter named building, comfortable rooms for employees have been finished in the third story, which had been an unused attic until this was done. The Lodge, the building for men employees, has been very generally repaired and fitted with necessary plumbing.

Last summer an evaporator was placed in the old pumping station, and much work was accomplished in the drying of fruits and corn for the use of the institution during the winter. Could

WILLARD STATE HOSPITAL — ANNUAL REPORT

we be furnished with a machine for cutting sweet corn from the cob, for the purpose of canning, we could arrange to raise and put up all the corn that the hospital would require. Experiments with corn-canning during the past two or three seasons, prove that the corn put up on the place has kept quite as well as corn that was purchased.

The new milk room at the Grange will soon be finished and will give a much needed place for handling the 1,400 quarts of milk produced daily by the herd.

The stables and sheds at Hillside where stock is kept during the winter, are in an old basement. Every winter, horses or cows, or both, have been lost from some disorder bred by the unsanitary condition of the place. Dr. Law recommends that these stables be remodeled and modernized as a further precaution against tuberculosis and other diseases peculiar to stock.

The buildings generally are in good condition. The enlarging of the dining rooms at the Maples and Sunnycroft has relieved the crowded condition that existed and added much to the comfort of both patients and employees. Similar improvements are now asked for at Edgemere and the Pines. The plastering in some dormitories and centers is badly cracked and in danger of falling. An allowance of \$450 is asked for steel ceilings for these places. The boot, shoe and mattress-making rooms are very shabby and need ceilings, paint and varnish. Much other inside painting of wards and halls will be necessary throughout the year, and in the interests of economy, provision should be made for such work. Carpets are needed at Chapin house and the Pines in halls that are used as day-rooms. Some of our bureaus and chairs and other furniture are worn beyond repair from many years of hard service.

Five hundred dollars was allowed last May toward a much desired poultry plant. The successful raising of chickens and ducks and turkeys, in a small way, has been carried on at Hillside for some years. The new building is at Vinelands, and \$500 additional is now wanted to complete the plant according to the plans adopted.

The additions planned to the farm house known as the Button place, are convenient in an unusual degree. The outside work is finished and the work on the interior will be continued through the fall and winter. Twelve hundred and fifty dollars are asked

WILLARD STATE HOSPITAL — ANNUAL REPORT

for the necessary furnishings. The colony life at Hillside and Vinelands is so eminently satisfactory that we wish to express much gratification to the Commission that an appropriation was made, making possible this new house for 25 working patients.

The cold storage building for which the Legislature made provision at the session of 1906, is nearing completion and will be ready for use in December. The plans are proving satisfactory and floor space in the different rooms is ample for our present use. The ice-making apparatus is a much needed equipment in this plant, room for which has been provided in the building now under construction.

Extensive improvements are imperative at the electric light plant. It was installed 20 years ago and the engines are so worn as to be beyond general repair. Since the original equipment, a large number of lights have been added to the circuits as new buildings have been added to the institution. Also considerable power is now used in laundry, bakery, machine shop, milk room, etc.

A building in the garden, about 25 x 50 feet is wanted for storing tools and as a temporary shelter for vegetables. This building would be similar to the one authorized for the vineyard and orchard three years ago. At the present time there is no place in the garden to store the numerous tools, baskets, spraying apparatus and many things necessary to use in garden work.

The hydrotherapeutic apparatus has not worked satisfactorily from the time it was placed in the institution. We wish the matter taken up by the department and thoroughly inspected, with the view to correcting its deficiencies, as its use would be a great assistance in the treatment of some cases that come under the care of the staff.

The appropriation of \$10,000 for a building for the tuberculous insane has not been used. In view of the facts that we have over 100 tubercular patients, and that the plan sent by the State architect provided accommodation for but 25, we have decided to ask for an additional appropriation of \$32,000 for the necessary equipment for the care of this class of unfortunates. Our tents accommodate but 50, and in the winter winds that prevail on the shores of Seneca lake, these patients must be kept indoors from November to May and in buildings partly filled with other patients — a most unwise economy in view of the

WILLARD STATE HOSPITAL — ANNUAL REPORT

present scientific understanding of the contagious character of this dread disease, its prevention and cure.

This tuberculosis pavilion is now our greatest need, and to that need we urge the consideration of the honorable gentlemen of the Commission.

The recommendations of this board are but briefly outlined in this report. The appended report of the superintendent deals with the same matters in detail.

Respectfully submitted,

ABRAM S. STOTHOFF, *President*

FRED. J. MANRO, *Secretary*

ANNIE LAURIE STEWART

MARY C. ACKER

E. C. DWELLE

JOSEPH CAMERON

WM. S. MACDONALD

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

Ladies and Gentlemen — In compliance with chapter 490 Laws of 1905, I respectfully submit the annual report of the operations at the Willard State Hospital for the year ending September 30, 1906. The following table shows the movement of population:

	Men	Women	Total
Remaining October 1, 1905.....	1,127	1,168	2,295
Admitted during year ending September 30, 1906.....	171	102	273
On original commitments:			
From residences	115	98	213
By transfers from countyhouses	3	1	4
By transfers from other institutions for insane	53	3	56
	<hr/>	<hr/>	<hr/>
Total number under treatment during year	1,298	1,270	2,568
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Daily average population	1,115	1,159	2,274
Capacity of institution	1,147	1,175	2,322
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Discharged during year:			
As recovered	41	34	75
As improved	17	16	33
As unimproved	10	12	22
As not insane	1	1	2
Died	95	51	146
	<hr/>	<hr/>	<hr/>
Whole number discharged during the year	164	114	278
	<hr/>	<hr/>	<hr/>
Remaining October 1, 1906	1,134	1,156	2,290
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

WILLARD STATE HOSPITAL — ANNUAL REPORT

Of those admitted on original commitments directly from their homes, 18 suffered from alcoholic psychoses; alcohol being the alleged contributing cause in 12.5 per cent of the admissions. Hereditary predisposition was ascertained to be present in 42.12 per cent.

The recovery rate based on the admissions was 34.5 per cent. This is higher than it has been for several years, but it should be explained that 21 of those discharged recovered had been under treatment on one or more previous occasions, being mostly recurrent cases, and five of them were re-admitted before the close of the year.

The death rate based on the daily average population was 6.4 per cent. Of those who died 46 were over 70 years of age and 15 were over 80. There were 38 deaths from tuberculosis, or 26 per cent of the total number.

The census was the lowest on August 6th, when there were 2,248 patients; and it reached the highest point September 22d, when there were 2,301.

MEDICAL AND SURGICAL WORK

There has been less infectious and contagious disease than usual during the past year, which is doubtless due, to some extent, to improved sanitary and hygienic conditions in several of the buildings occupied by patients. New plumbing, improved ventilation, and painting have all contributed to this. The greatest difficulty with regard to ventilation exists in the six wards which comprise the third story of the main building (Chapin house). This building as a whole was originally intended for 400 patients, but its capacity was increased nearly 100 15 years ago by the addition of congregate dining rooms which made it possible to utilize most of the ward dining rooms for other purposes. Two years ago the capacity was fixed at 661 by the Lunacy Commission, which represented the actual number of beds in use at that time. The floor space is the same in each story, but the air space in the upper wards is less owing to the ceilings being lower, while the number of beds is considerably larger than in the wards below, and the windows are smaller and fewer in number. Several years ago partitions were taken out to give more dormitory space, but the air space and facilities for ventilation remain the same. The capacity of these upper wards as fixed by the Commission should be reduced.

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Three employees and one patient were ill with diphtheria, the attack in each instance being of a mild nature and all recovered. There were 13 cases of erysipelas occurring in patients, and in one instance this disease was a contributing cause of death. The institution was entirely free from typhoid fever.

At the close of the year there were 110 patients afflicted with tuberculosis. Some of these, however, do not show active symptoms. New tents were provided to take the place of the old ones, which were so deteriorated that they had to be discarded. They were in use until November when the patients were moved into the infirmary buildings for the winter. The new tents were set up about the first of May. Forty-three men and 50 women received tent treatment during the year, and derived much benefit from it. There are at present 50 patients living in tents, which is all that can be accommodated in this way at one time. Continued experience with this method of treatment confirms what has been said in former reports as to general results.

Thirty-six surgical operations were performed, 18 of which were done by our consulting surgeon, Dr. W. W. Skinner, of Geneva, three by Dr. John S. Kirkendall, visiting ophthalmologist, and fifteen by members of the resident staff. The major operations were to relieve the following conditions: intestinal obstruction due to volvulus; abscess of the pleural cavity or empyema; cataract; strangulated hernia; oesophageal obstruction caused by swallowing a horse chestnut; appendicitis; disease of the uterus; ovarian disease; and prolapse of the rectum. All of the operations resulted in recovery except the case of strangulated hernia, in which the intestine was found to be gangrenous due to the impaction of a large number of stones which the patient had swallowed.

In the women's hospital ward 94 cases of acute illness were treated and 92 in the men's department. The number of patients cared for in the quarantine hospital was 17. In addition a large number of chronic cases were treated in the infirmary buildings — the Hermitage and Grandview.

One patient committed suicide by hanging. This was a man who had been in the institution only a short time. He occupied a single room and late in the evening, strangled himself with a bed-sheet attached to the transom over the door.

Another man escaped and the following day was found dead on the Lehigh Valley railway, about 14 miles from the hos-

WILLARD STATE HOSPITAL — ANNUAL REPORT

pital. An examination revealed an extensive fracture of the skull, and it was evident that he had been struck by a train. In any large hospital of this character, indeed in any ordinary community with a similar population, accidents are to be expected. Four patients, advanced in years, received fractures of the hip by falling or being pushed down by other patients; three sustained fractures of the thigh in the same way; three received fractures of the forearm and two of the arm. One man was found to have several ribs broken when received at the hospital. Another, a disturbed case, had his chin fractured; his mental condition was such that he could give no reliable information as to how it was done, and an investigation failed to show that any blame attached to the attendants. With the exception of the hip injuries, the bones united in every instance and left little or no deformity.

The psychiatric work has been carried on along the same lines as was described in last year's report. All newly admitted cases are presented at staff meetings for examination and free discussion concerning them is entered into by the individual members of the medical staff. Patients who are considered well enough for discharge or parole are also presented at these meetings. One hundred and six staff meetings were held, at which 198 patients were presented. The abstracts of the cases prepared for these meetings are filed separately from the other medical records. The following table shows the clinical classification of those received during the year on original commitments:

	Men	Women	Total
Manic depressive	8	16	24
Allied forms	1	9	10
Dementia praecox	16	8	24
Allied forms	1	2	3
Toxic psychoses:			
Due to opium		1	1
Due to morphine	1	1	2
Due to alcohol	18		18
Due to diabetes	1		1
Due to morphine and chloral		1	1
Due to tuberculosis	2	1	3
Exhaustion psychoses	6	6	12
Involution melancholia	8	16	24
Presenile psychoses		3	3

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	Men	Women	Total
Senile psychoses	17	10	27
Paranoic conditions	7	8	15
Organic brain disease	5	4	9
General paresis	10	4	14
Epileptic insanity	8	1	9
Hysterical insanity	1	3	4
Compulsive insanity		2	2
Constitutional inferiority	6	2	8
Choreic psychosis	1		1
Not insane	1	1	2
	<hr/> 118	<hr/> 99	<hr/> 217
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Early in the year Dr. J. Albert Pritchard took a course of instruction in pathology and post mortem work at the State Pathological Institute under Dr. Adolf Meyer, and on his return was placed in immediate charge of this branch of the work. Fifty-nine autopsies were made, which represents 40 per cent of the deaths and is greater than in any previous year. Specimens from 38 of these cases were cut and prepared for examination. In the laboratory the principal clinical work was as follows:

Sputum examinations	50
Blood examinations	16
Urine examinations	350
Culture examinations	66
Culture tubes prepared	1,000

The hospital ophthalmologist, Dr. John S. Kirkendall, and the dentist, Dr. H. G. Ogden, have devoted two days each month to the work in their respective specialties.

A meeting of hospital physicians was held at Willard on May 22d, and 23rd. Those present were Dr. Adolf Meyer, of the State Pathological Institute; Dr. Wm. L. Russell, medical inspector; Dr. D. R. Burrell, superintendent, Brigham Hall Sanitarium; Drs. George G. Armstrong, Helene Kuhlmann and Joseph B. Betts of the Buffalo State Hospital; Edward Gillespie, Bing-

WILLARD STATE HOSPITAL — ANNUAL REPORT

hamton; Roy L. Leak and Ethan A. Nevin, St. Lawrence; E. L. Hanes, Eveline P. Ballantine and William H. Veeder, Rochester; Robert M. Sehley and Frederick C. Robbins, Gowanda; Donald L. Ross, Craig Colony; and the members of the Willard staff. Several interesting groups of cases were presented and discussed, and a demonstration of pathological material sent by the hospital to the Institute, was given by Dr. Meyer.

TRAINING SCHOOL

Thirteen nurses were graduated this year and were presented with the State certificate. They were:—Lettie W. Wheeler, Catherine A. Leary, Jesse M. Pridmore, Claude B. Whitaker, Mary C. Lynott, Margaret E. Ryan, Hallie Horton, Lysle Roberts, Peter W. Harvey, James W. Keady, Howard Stacy, James A. Fagan, John K. Hubbell.

The present senior class contains 17 members and the junior class 26.

OCCUPATION AND DIVERSION

About 48 per cent of the patients were employed in the various industrial departments, the kitchens and on the wards. This is below the proportion reported by some of the other hospitals, notwithstanding the facilities Willard has for giving employment, and is to be explained by the fact that there are so many of the infirm and helpless class who are unable to work: and a large number who are too turbulent and demented.

The entertainments were of the usual character. Nine companies were paid to appear in Hadley hall, and there were the customary weekly dances and band concerts. A number of baseball games were played during the summer with visiting teams. The Nautilus made a number of trips on the lake and parties of women were taken for picnics and rambles in the surrounding country. The bowling alley in the basement of Hadley hall was opened about a year ago, and during the winter was regularly used by patients. Field day was held September 26th, when products of the various industrial and agricultural departments were exhibited in booths. There was also a parade by the fire department and hose drill. The sports took place in the presence of about 1,500 patients and a large number of visitors.

Religious services were held twice each Sunday, Catholic in the morning and Protestant in the afternoon.

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IMPROVEMENTS

The year has been replete with improvements, the more important being the construction of a barn at the Grange; addition to boot-rooms at Maples and Sunnycroft; the installment of new plumbing at the Pines and Grandview; fitting up attic at Grandview to be used as employees' quarters; new cement floors in the cow stables at the Grange; laying of cement walks at Chapin house, Maples and Hermitage; the construction of a railroad switch to the new cold storage site; the erection of a water crane near the laundry; and repairs to the barn at Vinelands.

The old pump house near the lake has been remodeled and equipped with apparatus for evaporating fruit.

The Button house at Lake farm, acquired last year, is being enlarged for the accommodation of 25 patients.

Work on the new cold storage plant was commenced last May and is now nearing completion.

A new extractor and Hagen mangle have been added to the laundry equipment.

A large portable oven has been placed in the main kitchen at Chapin house.

The outside woodwork and gutters at Chapin house have been thoroughly painted; also the Button house, electric-light plant, the piggeries and slaughter house.

AGRICULTURAL DEPARTMENT

Under this general heading are embraced the farming operations proper, together with the gardening and the cultivation of fruits. Work in the above divisions of the agricultural department has been carried on vigorously during the year and with noticeable improvements along some lines, chiefly in the work of bringing the recently acquired Hardenbrook farm (Vinelands) up to a high state of cultivation, both as regards grains and fruits. This farm still needs some underdraining before it will yield the very best possible results. This statement is also true of certain fields at the Lake farm, that in some seasons are altogether too wet.

Owing to the favorable season for farming operations in this vicinity, all grain crops on the hospital farm will show a very high average,—wheat, oats, barley, rye and corn, the latter being a phenomenally heavy crop for this section of the State. In this

WILLARD STATE HOSPITAL—ANNUAL REPORT

connection it is interesting to note that the hospital used seed corn (Leaming) raised on the farm last year. It is claimed by seedsmen in general, that this variety of corn (Leaming) will not mature in this State sufficiently for planting, but the hospital this year has demonstrated differently, and the prospects are very favorable for being able to use local seed again next spring.

Another large silo, the seventh, has been built and filled this autumn. There still remain to mature and ripen, several acres of corn for which the capacity of the combined silos was insufficient.

The production of hay has also been very large, and it is probable that the hospital can maintain the record of the past three or four years for producing all the hay that is required.

The crop of mangel-wurzels for stock feed (12 acres on the Hillside farm) is as heavy as has been raised in years. These are the mammoth Red and the Golden Tankard.

The potato crop will also be fully up to the average, one field showing an exceptionally good yield, the second not so good on account of lack of underdraining on the Lake farm, above referred to.

Alfalfa is proving to be of very great value to the farm, and is one of the most satisfactory crops raised, being drought-proof to a degree, and is therefore available at seasons of the year when the regular pastures and meadows are growing short on account of dry weather. Both fields of alfalfa, this season, have furnished three cuttings, two of which were gathered for hay, and the other was fed green, and there is still on these fields a heavy growth, entirely sufficient for protecting the roots from the severe winters of this vicinity.

The Holstein herd, averaging 166 milch cows, has produced during the year 532,950 quarts of milk, or in other words 3,211 quarts each on a general average for the entire herd,—equivalent to 6,422 lbs., each per cow, for the entire year,—rendering it unnecessary to purchase any milk whatever, either fresh or condensed during the year.

In this connection it is important to state that the herd is being kept up in numbers entirely from young stock raised,—no cows having been purchased since 1902. The demand from farmers in this vicinity for calves from the hospital herd, is far beyond the supply, although a good many calves are sold during the year, as shown from the steward's sales. This suggests the idea that if

WILLARD STATE HOSPITAL — ANNUAL REPORT

the herd was strictly thoroughbred and registered, a very substantial revenue would accrue from the sale of calves that are not needed to keep up the herd, as the highest price could then be obtained.

All vegetables required for the entire population of the hospital have been produced this year, excepting a part of the potato supply. There is no really good potato land on the hospital property, and for this reason it is thought better to raise proportionately more of the heavy grains, and purchase a portion of the potato supply. The yield of all vegetables,—cabbage, turnips, beets, onions, kohl rabi, celery, asparagus, tomatoes, carrots, cauliflower, radishes, lettuce, etc., etc., has been entirely sufficient for current use, and will be sufficient for winter use.

The yield of sweet corn, Stowell's Evergreen, was exceptionally heavy, and the new evaporator was completed in time to enable us to put in a stock of over 4,000 pounds, dried. This was all cut from the cob by hand, but it is not an economical method, as the corn is wasted very much more than would be the case if cut with machine. It will take the place of a considerable value of canned corn that has formerly been purchased annually by the hospital. The evaporator will also be used for drying pumpkins and apples.

Fruit — This department has been very productive, except the plums and peaches, which were practically destroyed by very late frosts in the spring. The apple crop has also been damaged somewhat by recent dry weather. The small fruits were very prolific, strawberries yielding about 11,645 quarts; raspberries, red, yielding about 3,333 quarts; raspberries, black, yielding about 1,948 quarts; currants yielding about 988 quarts, and blackberries yielding about 3,282 quarts.

The yield of grapes is heavy — Concords, Niagaras and Catawbas. A plan authorized by the Commission last year to deliver surplus grapes to wholesale fruit dealers and take credit for same against tropical fruits to be furnished during the winter season, is again being followed, the price allowed for the Concords and Niagaras, \$40 per ton, in trays, f. o. b., hospital boat, Geneva, N. Y., and \$50 for Catawbas.

Fresh pork is furnished entirely by the farm and a considerable revenue is derived from the sale of excess supply of pigs, as shown by the steward's sales from month to month.

Some progress is also shown in the quantity of poultry — ducks, chickens, geese and turkeys raised on the farm,—and with the

WILLARD STATE HOSPITAL — ANNUAL REPORT

advantage of a small poultry plant now under construction it is hoped there will be a very material gain.

Sawmill — A considerable quantity of dying or fallen timber has been drawn from the two pieces of woodland on the State property and converted into lumber by means of the portable sawmill furnished the hospital two years ago. This lumber consists of oak, maple, hickory, etc., etc., also basswood, pine and spruce. Of course this lumber is not strictly first class, but answers the purpose, however, and results in a considerable saving to the institution. All the wood needed for the fireplaces at the Hermitage and elsewhere is also obtained from the woodland, the hospital purchasing no wood whatever. Also all the crates for handling potatoes, ensilage, vegetables, apples, etc., etc., are made from the slabs from the sawmill.

The extensive farming operations throughout the entire year, including also the harvesting of hundreds of tons of ice, lumbering work in the winter, together with feed grinding, improvement of roads, etc., makes a continuously busy season for the 12 months, and it is difficult at times to obtain sufficient patient labor to carry on, without interruption, to the best possible advantage, and without loss, all the various kinds of work. There are, for the farm work proper, only 18 or 20 employees, scarcely more than enough to handle the teams, and with this fact in mind it is apparent that a very great proportion of the labor of handling the crops must be done by patients.

In this connection it is also proper to note that while the land here is productive, as is shown by results, it is nevertheless an exceptionally hard soil to till, heavy clay, lake land, and it is no exaggeration to say that some fields have to be worked over from 12 to 15 times before they are in a suitable condition for sowing. This fact renders any close comparison of farm equipment and labor for farming in this section impractical as compared with sections having a light loam or sandy soil, where plowing and a single harrowing is often entirely sufficient.

The farm accounting shows a net gain for the year just past of \$23,130.17, which is a material increase over the net gain shown by the farm accounting for the preceding year. This difference is due largely to the more favorable season this year. In other words, with uniformly close attention to the cultivation of the farm, garden and fruits, there is necessarily a considerable variation contingent upon the season.

WILLARD STATE HOSPITAL — ANNUAL REPORT

The farm is credited with all that it supplies for use of the hospital other than products consumed on the farm, at prices furnished by the Commission. It is charged with all new machinery, feed and stable maintenance, also with the wages and board of those employed on the farm.

COST OF MAINTENANCE

The per capita cost for the year was \$176.08, or \$3.37 per week, which is \$6 less than it was last year. The reason for this is that the daily average population was 49 above the preceding year, while the organization of the hospital remained the same. This increase in the daily average number was the result of large transfers of patients from the Manhattan State Hospital and the Long Island State Hospital.

Certain departments at Willard cost more to maintain than in the average institution, owing to the peculiar condition. The institution consists of seven large groups of buildings and two smaller cottages for patients, scattered over a large area, and each is provided with a separate heating plant and kitchen and dining room service; consequently the cost of maintenance in these departments is comparatively high. In many of the newer institutions of this kind the heating plant and kitchens are more centralized.

FURTHER NEEDS OF THE HOSPITAL

For several years past attention has been called to the need for permanent buildings, specially constructed, for caring for patients suffering from tuberculosis. For about six months during the summer and autumn we are able to provide accommodations for 50 of this class in tents, but they are obliged to be housed in the infirmary buildings with other patients the rest of the year. There are over 400 cases of this sort in the institution at the present time. Forty-two thousand dollars was included in our requisition last year for the construction of a separate group for this class of patients. This resulted in our getting an appropriation of only \$10,000, and being entirely inadequate, it has not been used. I would recommend that a further appropriation of \$32,000 be made to supplement what was appropriated last winter for the construction of separate pavilions for these patients.

New engines and generators are very much needed at the electric light plant. The dynamos and engines now in use were installed some 20 years ago and are now in bad condition. Since

WILLARD STATE HOSPITAL — ANNUAL REPORT

the installment of this plant the number of lights has nearly doubled, and the capacity of the present machines is much below what is required. The engines are badly worn and cannot be repaired for the reason that the firm which manufactured them has been out of existence for many years. For the purpose of replacing these old machines with new generators and engines directly connected, sufficiently large to increase the power 40 per cent, which is necessary to meet the requirements, I recommend an appropriation of \$16,000. This will provide two 160 k. w., 230 r. p. m., 250 volt, 3-wire generators, fitted with collector rings and including compensator for driving a neutral machine complete with field rheostat, with base, shaft and bearings, f. o. b., Willard, N. Y., and engines to operate the same.

The appropriation for the construction of the cold storage plant was not sufficient to provide ice-making apparatus. This is urgently needed as we are dependent upon ice from ponds supplied with water coming from springs several miles distant which is contaminated in its course by drainage and surface water. Ice from these ponds cannot be used in drinking water with safety. An ice-making apparatus with purifying and receiving tanks to make distilled water is very desirable, and the sum of \$2,000 is needed for the purpose of installing this. The floors in the dining rooms and ward 1 at the Pines are badly worn and beyond repair, having been in use over 30 years; new ones should be provided.

I submit the following list of requirements for the coming year:—

New dynamos and engines, electric light plant....	\$16,000 00
Ice-making apparatus	2,000 00
Tuberculosis pavilions	32,000 00
Furniture for Button house, including beds and bedding, kitchen utensils, range, etc., water system, also plumbing and heating.....	3,460 00
Enlarging two dining rooms at Edgemere and two at the Pines.....	1,200 00
New floors for dining rooms and ward 1, at the Pines	600 00

The present floors are old, badly worn and beyond repair. This group of buildings was opened in the early seventies and these floors have never been renewed.

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Improvements in employees' quarters at electric light plant, steel ceiling, wainscoting, etc., and new plumbing	\$850 00
Steel ceiling for dormitories and centers.....	450 00
New furniture and carpets	1,500 00
Remodeling and modernizing old basement cow stables and sheds at Hillside.....	900 00
Electric motor, 8 to 10 h. p., and connections to furnish power for machinery at carpenter shop..	300 00
Cement to extend culvert for railroad, walks, etc..	500 00
Corn-cutting machine	250 00
For a new building in the garden for storing tools and as a temporary storage for vegetables.....	575 00
Hardenbrook house and lot.....	550 00
This property is on the lake shore immediately in front of the Button house now being enlarged for 25 patients, and on this account its acquisition is necessary.	
For laying electric light and telephone wires under ground	4,500 00
For enlarging poultry plant	500 00
Hydrotherapeutic apparatus (the Richter), complete for all work in hydrotherapy.....	1,880 00

CHANGES IN THE RESIDENT OFFICERS

Dr. W. B. Burlingham was appointed medical interne, October 7th. There have been no other changes.

OFFICIAL VISITS

Commissioners Mabon and Parkhurst, October 12th and 13th; Dr. R. H. Hutchings, superintendent St. Lawrence State Hospital, October 17th and 18th; John H. Osborne, visitor of State Charities Aid Association, October 27th; Homer Folks and John H. Osborne, November 11th; Dr. Wm. L. Russell, January 5th to 8th; Professor James Law of Cornell university, March 26th; Miss Mary Vida Clark, assistant secretary to State Charities Aid Association, May 4th. Members of the Willard After-care committee, May 4th; Dr. William L. Russell, May 22d to 25th; Dr. Adolf Meyer, May 22d to 23d; Commissioners Pilgrim and Parkhurst, June 7th; Dr. E. H. Howard, July 3d and 4th; Dr. Lambert of the Pathological Institute, July 3d to

WILLARD STATE HOSPITAL—ANNUAL REPORT

5th; Dr. William Austin Macy, August 6th and 7th; Dr. William L. Russell, September 1st to 8th; Dr. William Austin Macy and Managers Thatcher and Snyder of Kings Park State Hospital, September 20th to 23d; John H. Osborne of the State Charities Aid Association, September 28th.

I desire to thank you ladies and gentlemen of the board for your continued support and encouragement in my efforts to obtain the best possible results for the patients under our care. My thanks are also due to the resident officers and employees for the faithful work they have done.

Respectfully,

ROBERT M. ELLIOTT

Superintendent

NOVEMBER 1, 1906

ACKNOWLEDGMENTS

Contributions of magazines, papers, and other reading material were received from the following, to whom we wish to extend thanks:—

Miss A. L. MacGachen, City Hospital, Ithaca, N. Y.; Mrs. W. H. Clark, Union Springs, N. Y.; K. C. Brown, Lodi, N. Y.; Hospital Book and Newspaper Society, New York City; D. C. Ayres, Penn Yan, N. Y.; Mrs. Jane M. Haring, Watkins, N. Y.; Mrs. E. M. Boucher, Seneca Falls, N. Y.; A. S. Stothoff, Watkins, N. Y.; L. J. Swarthout, Dundee, N. Y.; Miss Kate Colby, Willard; Mrs. Will Clock, Lodi, N. Y.; Mrs. Clara E. Field, Hector, N. Y.; E. P. Hopkins, Montour Falls, N. Y.; F. L. Kendig, Waterloo, N. Y.; D. C. Atherton, Macedon, N. Y.; Miss Farnsworth and F. Johnson and E. Williams, California; J. Willicks, Belmont, N. Y.; M. Dennison, Geneva, N. Y.; J. Stout, Elmira, N. Y.; L. Hunter, Washington, D. C.; E. Crippen, Wedgewood, N. Y.; N. Clemens, Penn Yan, N. Y.; Allegany News, Attica; Allegany County Democrat, Wellsville; Auburn Weekly Advertiser, Auburn; Auburn Weekly Bulletin, Auburn; Auburn Democrat and Argus, Auburn; American Baptist Flag, St. Louis, Mo.; Albion Free Lance, Albion; Addison Advertiser, Addison; Addison Record, Addison; Batavian, Batavia; Batavia Daily News, Batavia; Brooklyn Eagle, Brooklyn; Cohocton Times, Cohocton; Cayuga Chief, Weedsport; Castilian, Castile; Christian Uplook, Buffalo; Caledonia Advertiser, Caledonia; Catholic Journal, Roch-

WILLARD STATE HOSPITAL—ANNUAL REPORT

ester; Cayuga County Independent, Auburn; Cuba Patriot, Cuba; Clyde Times, Clyde; Deaf Mute Journal, New York City; Dansville Advertiser, Dansville; Democratic Herald, Clyde; Dryden Herald, Dryden; Defender, New York; Interlaken Review, Interlaken; Geneva Advertiser, Geneva; Geneva Gazette, Geneva; Geneva Courier, Geneva; Groton and Lansing Journal, Groton; Holley Standard, Holley; Hammondsport Herald, Hammondsport; Hornell Times, Hornell; Hornell Weekly Tribune, Hornell; Ithaca Chronicle, Ithaca; Ithaca Daily News, Ithaca; Ithaca Democrat, Ithaca; Livingston Republican, Geneseo; Lake Shore News, Wolcott; LeRoy Gazette, LeRoy; Livonia Gazette, Livonia; Modern Women, Boston, Mass.; Montour Falls Free Press, Montour Falls; Mt. Morris Enterprise, Mt. Morris; New York Journal, New York; Naples Record, Naples; Orleans American, Albion; Oakfield Reporter, Oakfield; Ovid Gazette and Independent, Ovid; Ontario County Times, Canandaigua; Ontario County Journal, Canandaigua; Prattsburg News, Prattsburg; Perry Herald, Perry; Penn Yan Express, Penn Yan; Penn Yan Democrat, Penn Yan; Seneca County Courier, Seneca Falls; Seneca County Journal, Seneca Falls; Seneca County News, Waterloo; Seneca Falls Reveille, Seneca Falls; Southern Steuben Republican, Woodhull; Spirit of the Times, Batavia; Steuben Courier, Bath; Steuben Farmers' Advocate, Bath; Union Springs Advertiser, Union Springs; Victor Herald, Victor; Waterloo Observer, Waterloo; Watkins Democrat, Watkins; Watkins Express, Watkins; Watkins Review, Watkins; Union & Advertiser, Wayland; Yates County Chronicle, Penn Yan; New York Herald, New York City.

FINANCIAL STATEMENT, SEPTEMBER 30, 1906

Receipts

Balance on hand, October 1, 1905:

To salaries.....	\$36 66
Wages	163 67
Supplies	8,009 63

Total balance on hand, October 1, 1905	\$8,209 96
Received from State comptroller, for salaries....	20,750 00
Received from State comptroller, for wages....	172,300 00
Received from State comptroller, for supplies..	209,000 00
Received from reimbursing patients.....	18,098 99

WILLARD STATE HOSPITAL — ANNUAL REPORT

Received from private patients.....	\$747 52
Received from steward's sales.....	3,601 22
Received from State comptroller, for special fund, chapter 635, Laws 1904.....	11,902 42
Received from State comptroller, for special fund, chapter 700, Laws 1905.....	206 55
Received from State comptroller, for special fund, chapter 702, Laws 1905.....	28,215 86
Received from State comptroller, for special fund, chapter 686, Laws 1906.....	1,946 95
Total receipts.....	\$474,979 47

Disbursements

Estimate No. 1. Officers' salaries.....	\$20,725 54
Estimate No. 2. Employees' wages.....	172,081 25
Estimate No. 3. Provisions and stores.....	111,288 04
Estimate No. 4. Ordinary repairs.....	8,136 54
Estimate No. 5. Farm and grounds.....	9,227 34
Estimate No. 6. Clothing.....	16,207 38
Estimate No. 7. Furniture and bedding.....	14,208 79
Estimate No. 8. Books and stationery.....	1,796 43
Estimate No. 9. Fuel and light.....	32,477 69
Estimate No. 10. Medical supplies.....	2,611 47
Estimate No. 11. Miscellaneous expenses.....	9,172 27
Estimate No. 12. Transportation of patients...	2,479 98
Total disbursements, estimates 1 to 12.....	\$400,412 72
Estimate No. 6, materials for uniforms and other items for which the hospital will be reimbursed	1,118 61
	\$401,531 33
To pay State treasurer, sundry receipts, under chapter 580, Laws 1899 as amended by chapter 326, Laws 1900.....	18,943 76
To pay special fund, chapter 635, Laws 1904...	11,902 42
To pay special fund, chapter 700, Laws 1905...	206 55
To pay special fund, chapter 702, Laws 1905...	28,215 86
To pay special fund, chapter 686, Laws 1906...	1,946 95
Balance on hand, remitted to Carroll F. Smith, treasurer State hospitals.....	12,232 60
Total disbursements.....	\$474,979 47

WILLARD STATE HOSPITAL — ANNUAL REPORT

Classification of Balances, October 1, 1906

Balance on hand to salaries.....	\$61 12
Balance on hand to wages.....	382 62
Balance on hand to supplies.....	11,788 86
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Total balance.....	\$12,232 60
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THE FOLLOWING STATEMENT SHOWS THE AMOUNTS
EXPENDED FOR EXTRAORDINARY IMPROVE-
MENTS AS DISTINGUISHED FROM THOSE PRO-
VIDED FOR UNDER MAINTENANCE FUND

Chapter 635, Laws 1904

New shower baths, Chapin house, north.....	\$31 90
Repairs to hotel and constructing cement walk..	4 80
Furniture and furnishings for hotel.....	829 30
Expenses of inspector on contract work.....	10 84
Cold air inlets and heater casings, north and south wings, main building.....	2,325 58
Installing plumbing repairs in detached building 2	8,700 00
<hr/>	
Total disbursement under chap. 635, Laws 1904, for year ending September 30, 1906.	\$11,902 42
<hr/>	

Chapter 702, Laws 1905

Ceiling over head, tailor shop and sewing room.	\$177 26
Covered railway platform at the Grange.....	1 56
Metal ceilings, the Pines.....	81 65
Enlarging four dining rooms.....	296 70
Fitting up attic, Grand View.....	1,015 35
Steel ceilings, the Lodge.....	1,281 55
Furniture	991 45
Elevators for storehouse, laundry and Grand View.....	999 44
Pump to take care of return from radiator in Chapin house	175 66
Governor for engine for stone crusher.....	21 00
Vitrified tile for sluiceway from public highway across driveway into the lake.....	27 00

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To carry steam to new tin shop, also to machine shop and main stables.....	\$47 10
For addition to building between orchard and vineyard for storage of grapes, vinegar, etc...	108 17
Engine for laundry.....	509 61
Expenses of inspectors.....	196 36
Services of engineers.....	187 02
Services of draughtsman.....	181 84
Furniture and furnishings for hotel (Lake View)	28 39
Cement sacks	6 10
Linoleum	23 43
Button property	1,859 89
Enlarging two boot rooms.....	531 36
Advertising, cold storage building and Grand View, plumbing	93 03
Hagen mangle	1,837 64
Incubators and brooders.....	52 60
Lawn settees and castings.....	222 82
Constructing switch to site of new cold storage building	692 28
Water crane.....	102 00
Tents for tubercular patients.....	680 05
New and improved farm tools and machinery..	93 04
Extension to Button house.....	1,671 16
Excavating for new cold storage building.....	37 32
Cold storage	10,181 28
Extension fire escapes, Grand View.....	14 25
Tile for ditch, Button house.....	86 38
Skirt ironer, electric heated.....	181 72
One new silo.....	206 50
New collar and cuff ironer.....	355 00
Electric irons.....	32 37
Electric fans	65 10
Stow's adjustable bar folder.....	45 75
Renewal of plumbing, Grand View.....	2,775 00
Bath room, Grand View.....	42 68

Total disbursements under chapter 702, Laws

1905, for year ending September 30,

1906

\$28,215 86

WILLARD STATE HOSPITAL—ANNUAL REPORT

Chapter 686, Laws 1906

Portable oven	\$371 38
Milk room at farm barns.....	323 90
Evaporator	407 53
Cement walks	224 40
Shed, farm barns.....	387 83
Services draughtsman and inspector.....	34 49
Poultry house	151 73
Extension of Button house.....	45 69

Total disbursements under chapter 686, Laws	
1906, for year ending September 30,	
1906	\$1,946 95

There has also been expended under chapter 700, Laws 1905:

Wages due employees from May 11, 1904, to	
October 1, 1904, as provided by chapter 714,	
Laws 1904	\$206 55

STATEMENT SHOWING AVERAGE PURCHASE PRICE
AND ANNUAL PER CAPITA COST OF ARTICLES OF
CONSUMPTION AT THE WILLARD STATE HOSPI-
TAL DURING THE YEAR ENDING SEPTEMBER 30,
1906

	Average purchase price	Annual per capita cost
Poultry, per pound.....	.11	.350
Wheat flour, per barrel.....	3.90	3.112
Wheat flour (made from local wheat)...	3.76	1.947
Butter, per pound.....	.2104	8.756
Cheese, per pound.....	.103	.839
Eggs, per dozen.....	.188	3.605
Tea, per pound.....	.154	.497
Coffee, per pound.....	.118	1.520
Sugar, per pound.....	.046	2.528
Liquors, distilled, per gallon.....	1.04	.068

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FUEL AND LIGHT

Total annual cost	\$32,477 69
Annual per capita cost.....	14.282
Number of tons of coal purchased, 12,182 tons, 1 cwt.	
Average price, anthracite.....	5.331
bituminous.....	2.215

FARM PRODUCTS

Apples, canning, 613 bushels at 40 cents.....	\$245 20
Apples, eider, 1,887 bushels at 25 cents.....	471 75
Apples, eating, 1,268 bushels at 50 cents.....	634 00
Barley, 473 bushels at 45 cents.....	212 85
Beef, 6,343 pounds at .065 cents.....	412 30
Corn for silage, 830 tons at \$3.50.....	2,905 00
Corn, sweet, 61,940 ears at 0.75 per hundred...	464 55
Chickens, 386 pounds at 15 cents.....	57 90
Calves, 95	194 00
Ducks, 794 pounds at 15 cents.....	119 10
Eggs, 485 dozens at 20 cents.....	97 00
Geese, 189 pounds at 15 cents.....	28 35
Hay, good, 196.25 tons at \$12.00.....	2,355 00
Hay, mixed, 228 tons at \$9.00.....	2,052 00
Hay, millet, 16 tons at \$8.00.....	128 00
Hides, 1,100 pounds.....	112 38
Hides, horse, 3.....	10 65
Lumber, 2,900 feet.....	66 80
Lambs, spring, 505 pounds at 10 cents.....	50 50
Lamb pelts, 32.....	39 50
Mutton, 562 pounds at 7 cents.....	39 34
Mangel-wurzels, 6,007 bushels at 20 cents....	1,201 40
Milk, 532,950 quarts at 3¼ cents.....	17,320 87
Oats, 3,954 bushels at 36 cents.....	1,423 44
Oats, seed, 195 bushels at 36 cents.....	70 20
Pears, eating, 213 bushels at \$1.00.....	213 00
Potatoes for yeast, 487 bushels at 30 cents....	146 10
Potatoes, 3,471 bushels at 50 cents.....	1,735 50
Peaches, 80½ bushels at \$1.50.....	120 75
Pigs, 224	528 00
Pumpkins, for feed, 1 ton.....	2 00
Pumpkins, 5 tons at \$5.00.....	25 00

WILLARD STATE HOSPITAL—ANNUAL REPORT

Pork, 31,545 pounds at 0.75 cents.....	\$2,365 91
Rent (keep of two cows).....	36 00
Rent (keep of horse).....	9 50
Rye, 155 bushels at 55 cents.....	85 25
Straw (bedding), 61 tons.....	396 00
Turkeys, 156 pounds at 15 cents.....	23 40
Teaming, 267 days at \$2.25.....	600 75
Veal, 245 pounds at .08 cents	19 60
Veal skins, 2.....	3 25
Wheat, 1,370 bushels, 8 pounds, at 80 cents....	1,096 10
Wool, 214 pounds at 30 cents.....	64 20
Wheat, seed, 108 bushels at 80 cents.....	86 40
Wood, cord, 92 cords at \$3.00.....	276 00
Wood, sold, 109 loads.....	108 50

GARDEN PRODUCTS

Asparagus, 6,205 bunches at 7 cents.....	\$434 35
Beans, lima, 157 bushels at 75 cents.....	117 75
Beans, string, 258 bushels at 50 cents.....	129 00
Beets, table, 1,592 bushels at 30 cents.....	477 60
Beet greens, 55 bushels at 25 cents.....	13 75
Blackberries, 3,282 quarts at 7 cents.....	229 74
Carrots, table, 402 bushels at 30 cents.....	120 60
Cucumbers, 381 bushels at 50 cents.....	190 50
Cucumbers, 611 at 75 cents per hundred.....	4 58
Cauliflower, 2,976 heads at 6 cents.....	178 56
Cabbage, 82,210 pounds at 50 cents per hundred.	411 05
Celery, 8,340 heads at 3 cents.....	250 20
Cherries, 245 quarts at 6 cents.....	14 70
Currants, 988 quarts at 6 cents.....	59 28
Citron, 100 at 10 cents.....	10 00
Egg plant, 560 pounds at 3 cents.....	16 80
Grapes, 41,680½ pounds at 25 cents.....	1,042 01
Kohl rabi, 225 bushels at 35 cents.....	78 75
Lettuce, 571 bushels at 40 cents.....	228 40
Onions, 751 bushels at 60 cents.....	450 60
Onions, green, 7,845 bunches at 2 cents.....	156 90
Peppers, 8 bushels at 75 cents.....	6 00
Parsnips, 819 bushels at 40 cents.....	327 60
Peas, 231 bushels at 75 cents.....	173 25
Parsley, 170 bunches at 3 cents.....	5 10

WILLARD STATE HOSPITAL—ANNUAL REPORT

Parsley, 92 2-5 bushels at 50 cents.....	\$46 20
Pickles, 13,500 at 75 cents per hundred.....	101 25
Rhubarb, 5,430 bunches at 5 cents.....	271 50
Radishes, 533 bushels at 75 cents.....	399 75
Raspberries, red, 3,333 quarts at 8 cents.....	266 64
Raspberries, black, 1,948 quarts at 6 cents.....	116 88
Swiss chard, 179 bushels at 20 cents.....	35 80
Spinach, 100 bushels at 25 cents.....	25 00
Strawberries, 11,645 quarts at 8 cents.....	931 60
Salsify, 261 bushels at 50 cents.....	130 50
Squash, summer, 87,500 pounds.....	87 50
Squash, winter, 6,860 pounds.....	68 60
Turnips, 1,770 bushels at 25 cents.....	442 50
Tomatoes, ripe, 2,684 bushels at 40 cents.....	1,073 60
Tomatoes, green, 282 bushels at 25 cents.....	70 50

PURCHASED FOR FARM

Bran, sold, 100 pounds at .01.....	1 00
Oats, used in main stables, 642 9/32 bushels....	233 15
Straw, 30 tons used in main stables.....	86 00

\$48,168 33

Debits

Expenses chargeable to farm.....	\$9,163 95	.
Less inventory increase over last year.....	2,717 57	
		\$6,446 38
Farm wages and board.....	8,937 04	
Farm products used on farm as feed, etc.....	9,654 74	
Net profit to balance.....	23,130 17	
Total.....	\$48,168 33	

The above balance is as accurate as can be ascertained; the value of farm products being based upon the price furnished by the Commission.

FARM STOCK ON HAND

Horses.....	47
Colts.....	9
Mules.....	2
Oxen.....	2

WILLARD STATE HOSPITAL—ANNUAL REPORT

Cows	175
Heifers, 2-year-old	21
Heifers, 1-year-old	20
Bulls	4
Boars	6
Breeding sows	50
Shoats	85
Pigs	175
Sheep	26
Lambs	18
Turkeys	43
Geese	23
Ducks	192
Fowls and chickens	420

DISTRIBUTION OF CROPS AT WILLARD STATE
HOSPITAL FARM

1905	Acres	1906	Acres
Wheat	40	Wheat	40
Rye	20	Rye	12
Oats	60	Oats	80
Corn, sweet	10	Corn, sweet	10
Corn for silage	96	Corn for silage	93
Peas	5	Peas	5
Mangel-würzels	10	Mangel-wurzels	12
Barley	22	Barley	14
Alfalfa	15	Alfalfa	16
Meadow	155	Meadow	156
Pasture and Summer fallow	187	Pasture and summer fallow	186
Orchard, old	30	Orchard, old	30
Orchard, young	34	Orchard, young	34
Vineyard	38	Vineyard	38
Garden	50	Garden	50
Potatoes	45	Potatoes	41
Berries	30	Berries	30
	<hr/>		<hr/>
	847		847
Less Johnson's field	40	Less Johnson's field	40
	<hr/>		<hr/>
Total	807		807
	<hr/> <hr/>		<hr/> <hr/>

WILLARD STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	1,127	1,168	2,295
Admitted during year ending September 30, 1906.....	171	102	273
On original commitments:			
From residences.....	115	98	213
By transfers from county houses.....	3	1	4
By transfers from other institutions for insane.....	53	3	56
Total number under treatment during year...	1,298	1,270	2,568
Daily average population.....	1,115	1,159	2,274
Capacity of institution.....	1,147	1,175	2,322
Discharged during year:			
As recovered.....	41	34	75
As improved.....	17	16	33
As unimproved.....	10	12	22
As not insane.....	1	1	2
Died.....	95	51	146
Whole number discharged during year....	164	114	278
Remaining October 1, 1906.....	1,134	1,156	2,290

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TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening.....	1869
Total acreage of grounds and buildings.....	1205
Value of real estate, including buildings.....	\$1,435,577 71
Value of personal property.....	211,300 00
Acreage under cultivation, including 40 acres rented.....	847

Receipts during year, maintenance fund:

Balance an hand October 1, 1905.....	\$8,209 96
From State treasury for maintenance on esti- mates, 1 to 13 inclusive.....	402,050 00
From private patients.....	747 32
From reimbursing patients.....	18,098 99
From all other sources.....	3,601 22

Total receipts for maintenance..... \$432,707 69

Total receipts from State Commission in Lunacy
for extraordinary improvements..... \$42,271 78

Total receipts from uniforms and other items... \$1,359 82

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$20,725 54
Estimate No. 2. For wages.....	172,081 25
Estimate No. 3. For provisions and stores...	111,288 04
Estimate No. 4. For ordinary repairs.....	8,136 54
Estimate No. 5. For farm and grounds.....	9,227 34
Estimate No. 6. For clothing of patients...	16,207 38
Estimate No. 7. For uniforms and other items	1,118 61
Estimate No. 8. For furniture and bedding..	14,208 79
Estimate No. 9. For books and stationery...	1,796 43
Estimate No. 10. For fuel and light.....	32,477 69
Estimate No. 11. For medical supplies.....	2,611 47

WILLARD STATE HOSPITAL — ANNUAL REPORT

Table No. 2 — (Concluded)

Estimate No. 12. For miscellaneous expenses ..	\$9,172	27
Estimate No. 13. For transportation	2,479	98
<hr/>		
Total disbursements, estimates 1 to 12 inclusive	\$401,531	33
<hr/>		
To State treasurer, sundry receipts	\$18,943	76
<hr/>		
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$42,271	78
<hr/>		
Total disbursements during year, uniform	\$1,118	61
<hr/>		
Balances October 1, 1906, sent to Carroll F. Smith, treasurer State hospitals	\$12,232	60
<hr/>		
Weekly per capita cost on daily average number of patients estimates 1 to 12 inclusive	\$3,377	
<hr/>		
Maximum rate of wages paid nurses:	Day	Night
Men	41.25	42.25
Women	35.00	36.00
<hr/>		
Minimum rate of wages paid attendants:		
Men	22.00	23.00
Women	16.00	17.00
<hr/>		
Proportion of day attendants to average daily population	1 to	10.24
Proportion of night attendants to average daily population	1 to	63.17
Percentage of daily patient population engaged in some kind of useful occupation		47.58
Estimated value of farm and garden products during year	\$47,848	18
Estimated value of articles made or manufactured by patients during year	27,814	34
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WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current
year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	1	16	17	....	8	8	1
Mental strain, worry and overwork (not included in above).....	8	4	12	4	3	7	1
Love affairs (including seduction).....	2	.....	2	.....	.....	.....	.....
Physical:							
Intemperance.....	33	1	34	16	.....	16	9
Sexual excess.....	1	.....	1	.....	.....	.....	.....
Venereal diseases.....	13	2	15	3	.....	3	4
Masturbation.....	4	1	5	2	.....	2	.....
Accident or injury.....	1	.....	1	.....	.....	.....	.....
Pregnancy.....	.....	10	10	.....	6	6	1
Lactation.....	.....	1	1	.....	.....	.....	.....
Change of life.....	.....	15	15	.....	8	8	.....
Epilepsy.....	7	.....	7	1	.....	1	4
Diseases of skull and brain.....	3	3	6	.....	2	2	1
Old age.....	21	6	27	7	.....	7	7
Epidemic influenza. ....	.....	1	1	.....	.....	.....	1
Abuse of drugs.....	2	3	5	1	.....	1	.....
Loss of special sense....	2	.....	2	.....	.....	.....	1
All other bodily disorders and ill health.....	7	6	13	5	2	7	1
Hereditary... ..	13	26	39	13	26	39	.....
Congenital defect.....	18	1	19	4	1	5	8
Unascertained.....	34	5	39	8	2	10	16
Not insane.....	1	1	2	.....	.....	.....	.....
Total.....	171	102	273	64	58	122	55

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	18	11	1
General paralysis.....	18	.....	9
Senile insanity.....	34	.....	34
Epilepsy with insanity.....	9	.....	10
Imbecility, idiocy with insanity	10	.....	5
Other psychoses.....	182	64	87
*Not insane.....	2	.....	.....
Total.....	273	75	146

*Includes cases of alcoholism, drug habit, etc.

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			DURATION PREVIOUS TO ADMISSION					
	PERIOD UNDER TREATMENT			PERIOD UNDER TREATMENT					
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	12	9	21	174	128	302	7	2	9
One to three months.....	12	5	17	112	122	234	81	35	116
Three to six months.....	6	8	14	73	82	155	168	124	292
Six to nine months.....	2	5	7	25	31	56	91	94	185
Nine months to one year.....	.....	1	1	13	16	29	57	73	130
One year to eighteen months.....	3	2	5	23	15	38	58	61	119
Eighteen months to two years.....	.....	.....	.....	14	13	27	12	14	26
Two to three years.....	.....	1	1	15	15	30	17	32	49
Three to four years.....	.....	.....	.....	6	3	9	3	7	10
Four to five years.....	.....	1	1	.....	5	5	6	2	8
Five to ten years.....	1	.....	1	5	6	11	8	4	12
Ten to twenty years.....	.....	1	1	2	3	5	.....	1	1
Unascertained.....	5	1	6	46	10	56	.....	.....	.....
Total.....	41	34	75	508	449	957	508	449	957

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				3	6	9
Measles.....				2		2
Influenza.....				1	5	6
Diphtheria.....					2	2
Erysipelas.....				13	14	27
Septicemia and pye- mia.....	2		2	11	11	22
Dysentery.....				9	12	21
Tuberculosis.....	28	10	38	253	306	559
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....					1	1
Diabetes mellitus and diabetes insipidus.....				2	2	4
Scurvey, purpura and haemophilia.....					2	2
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....				4		4
Diseases of the stom- ach.....	1		1	4	4	8
Diseases of the intes- tines.....	4	5	9	58	89	147
Diseases of the liver...				5	5	10
Diseases of the perito- neum.....				16	16	32
Diseases of the respira- tory system:						
Diseases of the bronchi.....				5	1	6
Diseases of the lungs..	11	11	22	207	221	428
Diseases of the pleura..		1	1	2	5	7
Diseases of the circula- tory system:						
Diseases of the peri- cardium.....		1	1	4	3	7
Diseases of the heart..	15	7	22	190	172	362
Arterio-sclerosis.....				7	1	8
Aneurism.....				3	1	4

WILLARD STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....		1	1	3	5	8
Exophthalmic goitre.....					1	1
Diseases of the genito-urinary system.....	4	6	10	119	82	201
Diseases of the nervous system:						
Diseases of the spinal cord.....				5	1	6
Diseases of the meninges.....				8	10	18
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	13	3	16	101	118	219
Epilepsy.....	4		4	57	41	98
Mental diseases:						
Exhaustion of acute mental disease.....	1		1	69	71	140
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	8	1	9	154	36	190
The intoxications; heat-stroke; obesity:						
Heat-stroke.....					1	1
Debility of old age.....				26	43	69
Accident.....	2		2	13	3	16
Suicide.....	1		1	6	4	10
Surgical and gynecological diseases and diseases of the skin.....	1		1	8	5	13
Malignant new growths or cancer.....		5	5	21	50	71
Total.....	95	51	146	1,389	1,350	2,739

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	13	13	26	226	248	474
Maternal branch.....	20	21	41	298	352	650
Paternal and maternal branches.....	2	6	8	33	81	114
Collateral branches....	29	18	47	376	377	753
No hereditary tendency	58	38	96	1,186	1,000	2,186
Unascertained.....	49	6	55	1,159	1,112	2,271
Total.....	171	102	273	3,278	3,170	6,448

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	78	22	100	1,638	1,152	2,790
Married.....	61	60	121	1,217	1,387	2,604
Widowed.....	23	17	40	324	563	887
Divorced.....	7	3	10	40	30	70
Unascertained.....	2	.....	2	59	38	97
Total.....	171	102	273	3,278	3,170	6,448

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	2	5	60	20	80
Academic.....	8	12	20	184	220	404
Common school.....	121	80	201	2,062	1,865	3,927
Read and write.....	14	4	18	117	82	199
Read only.....	4	1	5	117	181	298
No education.....	8	3	11	207	196	403
Unascertained.....	13	.....	13	531	606	1,137
Total.....	171	102	273	3,278	3,170	6,448

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1906			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	8	.....	8	1	86	66	152	112
One to three months.....	9	.....	9	4	93	78	171	123
Three to six months.....	5	3	8	3	82	54	136	114
Six to nine months.....	2	1	3	3	83	52	135	68
Nine months to one year.....	3	1	4	1	43	33	76	68
One year to eighteen months.....	3	4	7	1	92	62	154	106
Eighteen months to two years.....	4	.....	4	1	37	32	69	69
Two to three years.....	10	8	18	.....	133	101	234	100
Three to four years.....	6	3	9	1	92	94	186	100
Four to six years.....	6	5	11	2	109	114	223	102
Six to ten years.....	3	7	10	10	93	133	226	154
Ten to twenty years.....	12	5	17	18	117	159	276	181
Twenty years and over.....	5	6	11	14	75	104	179	92
Unascertained.....	19	8	27	.....	254	268	522	.....
Total.....	95	51	146	95	1,389	1,350	2,739	1,389
Average duration of insane life (years and tenths).....	.....			8.7	.....			5.5
				11.9				7.1
				9.8				6.3

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...					1	1
From 10 to 15 years...				10	5	15
From 15 to 20 years...	6		6	116	61	177
From 20 to 25 years...	6	7	13	235	158	393
From 25 to 30 years...	9	3	12	273	249	522
From 30 to 35 years...	15	17	32	309	316	625
From 35 to 40 years...	16	9	25	347	336	683
From 40 to 50 years...	41	23	64	679	763	1,442
From 50 to 60 years...	31	23	54	569	596	1,167
From 60 to 75 years...	23	12	35	394	398	792
From 70 to 80 years...	18	6	24	263	229	492
From 80 to 90 years...	6	2	8	73	55	128
Ninety years and over...				2	1	3
Unascertained...				8		8
Total.....	171	102	273	3,278	3,170	6,448

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	2	1	3	39	30	69
From 20 to 30 years...	11	7	18	129	127	256
From 30 to 40 years...	10	9	19	93	136	229
From 40 to 50 years...	8	13	21	103	98	201
From 50 to 60 years...	5	3	8	83	41	124
From 60 to 70 years...	4		4	50	13	63
From 70 to 80 years...	1	1	2	9	4	13
Over 80 years.....				2		2
Total.....	41	34	75	508	449	957

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				7	4	11
From 15 to 20 years...				26	15	41
From 20 to 25 years...	2		2	49	34	83
From 25 to 30 years...	1		1	53	48	101
From 30 to 35 years...	2	1	3	97	69	166
From 35 to 40 years...	7		7	180	215	395
From 40 to 50 years...	12	4	16	267	273	540
From 50 to 60 years...	18	18	36	261	299	560
From 60 to 70 years...	21	13	34	282	260	542
From 70 to 80 years...	21	10	31	133	109	242
From 80 to 90 years...	9	5	14	32	23	55
Over 90 years.....	1		1	1	1	2
Unascertained.....	1		1	1		1
Total.....	95	51	146	1,389	1,350	2,739

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month	21	13	34
One to three months	15	10	25
Three to six months	17	9	26
Six to nine months	1	7	8
Nine months to one year	3	3	6
One year to eighteen months	8	14	22
Eighteen months to two years	4	3	7
Two to three years	8	9	17
Three to four years	11	5	16
Four to five years	9	4	13
Five to ten years	19	14	33
Ten to fifteen years	17	4	21
Fifteen to twenty years	6	.....	6
Twenty to thirty years	7	2	9
Thirty years and upwards	5	3	8
Not insane*	1	1	2
Unascertained	19	1	20
Totals	171	102	273

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	58	8	66
One to three months	14	20	34
Three to six months	23	26	49
Six to nine months	12	14	26
Nine months to one year	21	10	31
One year to eighteen months	141	218	359
Eighteen months to two years	17	25	42
Two to three years	22	28	50
Three to four years	63	30	93
Four to five years	32	50	82
Five to ten years	249	215	464
Ten to fifteen years	226	250	476
Fifteen to twenty years	91	87	178
Twenty to thirty years	110	108	218
Thirty years and upwards	55	67	122
Total	1,134	1,156	2,290

* Includes cases of alcoholism, morphia habit, etc.

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE NO. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc...	2	.....	2	87	7	94
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	15	.....	15	267	4	271
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	37	.....	37	883	2	885
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, enginefitters, sawyers, painters, police, etc....	14	.....	14	523	.....	523
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	36	.....	36	270	2	272
Domestic service:						
Waiters, cooks, servants, etc.....	.....	10	10	25	1,296	1,321
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	.....	79	79	43	1,427	1,470
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	2	2	.....	23	23

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		4	4	11	148	159
Miners, seamen, etc.....	4		4	36		36
Prostitutes.....					3	3
Laborers.....	46		46	878		878
No occupation.....	15	7	22	187	202	389
Unascertained.....	2		2	68	56	124
Total.....	171	102	273	3,278	3,170	6,448

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Alabama.....				1		1
California.....				2	1	3
Connecticut.....				19	9	28
Florida.....					2	2
Georgia.....					1	1
Illinois.....		1	1	6	5	11
Indiana.....				2	4	6
Iowa.....				3	1	4
Kansas.....	1		1	2	2	4
Kentucky.....					3	3
Maine.....				3	2	5
Maryland.....	1		1	8	56	64
Massachusetts.....		1	1	20	12	32
Michigan.....	1		1	21	11	32
Minnesota.....				1	4	5
Mississippi.....				1		1
Missouri.....	1		1	2	1	3
New Hampshire.....				4	2	6
New Jersey.....		1	1	15	10	25
New York.....	94	84	178	1,807	1,701	3,508
North Carolina.....				3	2	5
Ohio.....	1		1	8	2	10
Pennsylvania.....	2	4	6	79	73	152
Rhode Island.....				3		3
South Carolina.....				1	1	2
Tennessee.....				1		1
Texas.....				1		1
Vermont.....				12	9	21
Virginia.....				3	10	13
West Virginia.....					1	1
Wisconsin.....	1		1	6	6	12
Africa.....				1		1
Armenia.....				1		1
Austria.....	1		1	10	6	16
Bavaria.....				1		1
Bohemia.....				3	4	7
Canada.....	1	1	2	40	44	84
Ceylon.....	1		1	1		1
China.....				1		1
Cuba.....				1		1

WILLARD STATE HOSPITAL—ANNUAL REPORT

Table No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Denmark.....	1	.....	1	2	3	5
England.....	5	2	7	93	98	191
Finland.....	.....	.....	.....	1	.....	1
France.....	.....	.....	.....	17	8	25
Germany.....	12	.....	12	224	229	453
Greece.....	.....	.....	.....	1	1	2
Holland.....	.....	.....	.....	6	13	19
Hungary.....	.....	.....	.....	6	4	10
Ireland.....	20	6	26	321	535	856
Italy.....	1	.....	1	24	11	35
Japan.....	.....	.....	.....	1	.....	1
Korea.....	.....	.....	.....	1	.....	1
Malta.....	.....	.....	.....	1	.....	1
Norway.....	.....	.....	.....	4	2	6
Nova Scotia.....	.....	.....	.....	2	1	3
Poland.....	.....	.....	.....	10	18	28
Roumania.....	.....	.....	.....	1	.....	1
Russia.....	.....	.....	.....	14	3	17
Scotland.....	.....	.....	.....	14	16	30
Sweden.....	.....	.....	.....	13	13	26
Switzerland.....	.....	.....	.....	13	1	14
Syria.....	.....	.....	.....	1	.....	1
Wales.....	1	.....	1	2	3	5
West Indies.....	.....	.....	.....	1	.....	1
United States.....	24	2	26	194	82	276
Unascertained.....	2	.....	2	218	144	362
Total.....	171	102	273	3,278	3,170	6,448

Of the total number admitted since the 1st of October, 1890, the parents of 29.1 per cent were both of foreign birth.

In 2.03 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.9 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	14		14
Broome.....			
Cattaraugus.....			
Cayuga.....	38		38
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....	1		1
Delaware.....			
Dutchess.....			
Erie.....		1	1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	44		44
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	1		1
Montgomery.....			
Nassau.....			
New York.....	1		1
Niagara.....			
Oneida.....			
Onondaga.....	1		1
Ontario.....	36		36
Orange.....			
Orleans.....	1		1
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	2		2
Rensselaer.....			
Richmond.....			
Rockland.....			

WILLARD STATE HOSPITAL—ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....	12		12
Seneca.....	27		27
Steuben.....	39		39
Suffolk.....	3		3
Sullivan.....			
Tioga.....			
Tompkins.....	24		24
Ulster.....			
Warren.....			
Washington.....			
Wayne.....	19		19
Westchester.....			
Wyoming.....	1		1
Yates.....	7		7
Soldiers' Home.....	1		1
Total.....	272	1	273

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	44	84	128			
Allegany.....	49	48	97			
Broome.....						
Cattaraugus.....	1		1			
Cayuga.....	98	84	182			
Chautauqua.....	1		1			
Chemung.....	29	25	54			
Chenango.....						
Clinton.....		2	2			
Columbia.....		8	8			
Cortland.....		2	2			
Delaware.....						
Dutchess.....		1	1			
Erie.....	41	4	45	1		1
Essex.....	2	2	4			
Franklin.....	9	3	12			
Fulton.....	8	4	12			
Genesee.....	1		1			
Greene.....	4	1	5			
Hamilton.....						
Herkimer.....	5	7	12			
Jefferson.....						
Kings.....	66	125	191			
Lewis.....	5	1	6			
Livingston.....						
Madison.....	3	2	5			
Monroe.....		2	2			
Montgomery.....	7	9	16			
Nassau.....		1	1			
New York.....	210	163	373			
Niagara.....	9	2	11			
Oneida.....	2		2			
Onondaga.....	21	25	46			
Ontario.....	98	98	196			
Orange.....	4	2	6			
Orleans.....		1	1			
Oswego.....	2	5	7			
Otsego.....						
Putnam.....		3	3			
Queens.....	17	10	27			
Rensselaer.....	6	36	42			

WILLARD STATE HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Richmond.....	1	8	9	.....	.....	.....
Rockland.....	1	.....	1	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	7	12	19	.....	.....	.....
Schenectady.....	5	9	14	.....	.....	.....
Schoharie.....	.....	.....	.....	.....	.....	.....
Schuyler.....	30	30	60	.....	.....	.....
Seneca.....	49	38	87	.....	.....	.....
Steuben.....	105	98	203	.....	.....	.....
Suffolk.....	6	4	10	.....	.....	.....
Sullivan.....	.....	.....	.....	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....
Tompkins.....	48	54	102	.....	.....	.....
Ulster.....	.....	13	13	.....	.....	.....
Warren.....	1	3	4	.....	.....	.....
Washington.....	.....	9	9	.....	.....	.....
Wayne.....	68	44	112	.....	.....	.....
Westchester.....	11	36	47	.....	.....	.....
Wyoming.....	1	.....	1	.....	.....	.....
Yates.....	23	36	59	.....	.....	.....
Sailors and Soldiers' Home.....	20	.....	20	.....	.....	.....
State patients.....	15	2	17	.....	.....	.....
Total.....	1,133	1,156	2,289	1	.....	1

FORTIETH ANNUAL REPORT
OF THE
Hudson River State Hospital
AT POUGHKEEPSIE,
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

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RESIDENT OFFICERS

ISHAM G. HARRIS, M. D.....	Acting Medical Superintendent
FREDERICK W. PARSONS, M. D.....	Second Assistant Physician
CLINTON J. HYDE, M. D.....	Assistant Physician
WILLIAM J. CAVANAUGH, M. D.....	Assistant Physician
SAMUEL F. MELLEN, M. D.....	Assistant Physician
ADELBERT C. MATTHEWS, M. D.....	Junior Assistant Physician
DEAN MILTIMORE, M. D.....	Junior Assistant Physician
WILLIS E. MERRIMAN, M. D.....	Junior Assistant Physician
MICAJAH BOLAND, M. D.....	Junior Assistant Physician
NORTON I. PENNOCK, M. D.....	Medical Interne
RUSSELL E. BLAISDELL, M. D.....	Medical Interne
RUTH DEMAREST, M. D.....	Woman Physician
GEORGE R. FINTON.....	Steward
VACANCY	Matron

OPHTHALMOLOGIST

W. G. DOBSON, M. D.....	Poughkeepsie
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DENTIST

MITCHELL DOWNING, D. D. S.....	Poughkeepsie
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REPORT OF THE BOARD OF MANAGERS

To the State Commission in Lunacy:

Gentlemen — In compliance with chapter 490, Laws of 1905, we herewith present to you the 40th annual report of the operations of the Hudson River State Hospital for the fiscal year ending September 30, 1906.

In the treasurer's report you will find a detailed account of all receipts and disbursements during the past year. In the weekly per capita cost you will notice an increase of 11 cents over that of last year, this being partly due to the increasing cost of all the staple food products, butter, eggs, meat, etc., and also to the extraordinary repairs and furnishings made necessary by the removal of the staff to their new quarters.

In the report of the acting superintendent to the board of managers you will find a more detailed account of all the work accomplished during the year, in this hospital, for the better care and comfort of our ever-increasing population of these helpless wards of the State. In his report we do not deem that anything unnecessary has been asked for, yet, there are certain requirements for appropriations which we feel we should emphasize.

The work in this hospital has been seriously hampered by the need of a surgical ward or separate pavilion, as, in the present overcrowded condition of our wards, there is no room for the proper treatment of those needing surgical care. It is, therefore, earnestly recommended that a surgical ward or pavilion be built near the main building, as soon as possible, so that patients may have the best of surgical care, and the hospital staff be thus enabled to keep up the record of good work with the best modern appliances in such cases.

A home for nurses near the main building grows more and more necessary every year, so that those working during the day could have the much needed quiet at night away from the scene of their daily tasks, always so monotonous. They need health and strength to endure cheerfully the incessant demands on their patience in dealing tenderly with delusions of these helpless people.

A suitable library building with a reading room would add greatly to the pleasure and comfort of both patients and nurses, whose lives need to be cheered and diverted as much as possible.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

In view of the new buildings about to be erected, which will increase our population about one-fourth, we must draw your attention to the laundry, already largely overtaxed. The laundry of a hospital for the insane is an important factor in its operations and nothing causes so much inconvenience and so many hardships as a lack of facilities for doing this work both promptly and efficiently. We would, therefore, suggest a large increase in the laundry as well as a suitable sterilizing plant — both greatly needed.

The additions to cottages 4 and 5 where the tuberculosis patients are housed were completed and occupied early in September, and have already proved of much value to this class of patients. It seems highly desirable that the nurses and attendants in charge of this class of patients should not sleep at night in the same building. A small cottage might be built near by, in the upper part of which these nurses could sleep, and the rooms in the lower story used as an industrial department for the patients at the cottages. A small laundry and ironing room in connection with this building would give employment to many women at the cottages, and reduce the amount of clothes sent by necessity to the main building at the present time. One of the rooms could also be used in the evenings for an amusement hall for these patients who are much too far away to come to our present amusement hall during the winter months especially. This hall could also be used as a club-room for attendants in this department.

The addition to the central group — an infirmary for the sick and old men — is rapidly approaching completion, and it is hoped that these patients will be moved into their new and more commodious quarters before the new year.

In wards 26 and 27 new day rooms are greatly needed for the very disturbed men, as are also sun parlors for the many women patients confined in the large wards — 23 and 24. The possibility of going out on these covered porches at all hours of the day both in summer and winter has proved to be as beneficial to the patients as to the nurses and attendants in charge of them.

In the matter of repairs we think a certain sum should be allowed for the painting and renovation of furniture on the wards, in order that they may be kept up to the required standard. Every one familiar with the work appreciates the good effect of cheerful surroundings upon both patients and attendants. By doing a certain percentage of this work each year we could keep the wards in better condition and the cost would not be so great as if things were let go too long.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

We also desire to call attention to the fact that we are very much in need of a new cow barn, a new boiler house and an electric station. The present ones are in a very poor state of repair and have to be repaired so often that it would be economy to erect new buildings. The other requirements we feel sure will meet with the approval of the Commission in Lunacy and receive careful consideration, so we do not repeat the arguments for these requirements made by our acting superintendent.

The hospital has been visited by different members of the board of managers at least once a month. Each department has been conscientiously inspected, and also all the wards, which were invariably found clean and in good order, the patients neat and tidy, the meals well and quickly served, and the food good; the nurses and attendants faithful in the discharge of their duties, treating the patients uniformly with patience and consideration. These visits were made at unusual hours and unexpected times, and we have always found the nurses at their posts, and conditions as we have described them.

In the month of May to our deep regret the superintendent, Dr. Charles W. Pilgrim, to whose wise judgment and unceasing efforts to further the best interests of the patients, this hospital owes so much, was forced to leave us, we hope only temporarily. During his enforced absence the affairs of the hospital have been judiciously administered with untiring energy by the acting superintendent, Dr. Isham G. Harris, in whose report you will find a statement of the various changes in the medical staff whose faithful discharge of duties has made possible the work done by this hospital in the past.

It is with regret that we mention the loss the hospital sustained in the death of Dr. Charles H. Langdon, which occurred November 15, 1905. Dr. Langdon served the hospital for about 28 years with unflinching fidelity through his devotion to the care of those unfortunates who were privileged to come under his care.

Respectfully submitted,

ISAAC W. SHERRILL
CATHERINE A. NEWBOLD
WILLIAM D. GRANGER
REGINALD W. RIVES
G. M. HINE
GRACE SCHENCK WARD
W. F. GURLEY

Board of Managers

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TREASURER'S REPORT, 1906

GENERAL FUND

Receipts

Balance on hand October 1, 1905.....	\$3,046 01
Received from State treasurer for maintenance on estimates 1 to 12 inclusive.....	445,791 53
Received from private patients.....	10,017 54
Received from reimbursing patients.....	19,664 01
Received from all other sources.....	1,120 10

Total receipts for maintenance, October 1, 1905 to September 30, 1906.....	\$479,639 19
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Disbursements

Estimate No. 1. Officers' salaries.....	\$16,153 84
Estimate No. 2. Wages.	166,816 48
Estimate No. 3. Provisions and stores.....	143,425 20
Estimate No. 4. Ordinary repairs	11,088 95
Estimate No. 5. Farm and grounds.....	12,555 40
Estimate No. 6. Clothing of patients.....	16,215 77
Estimate No. 7. Furniture and bedding.....	14,766 08
Estimate No. 8. Books and stationery	2,654 49
Estimate No. 9. Fuel and light.....	45,934 99
Estimate No. 10. Medical supplies	2,823 01
Estimate No. 11. Miscellaneous expenses	11,866 17
Estimate No. 12. Transportation of patients....	4,844 01

Total disbursements, estimates 1 to 12 inclusive	\$449,144 39
Materials for which hospital is reimbursed....	369 28
Remitted to State treasurer sundry receipts as per chapter 580, Laws of 1899, amended by chapter 326, Laws of 1900.....	30,015 33
Remitted to treasurer State Hospitals as per comptroller's instructions of October 5, 1906.	110 19

\$479,639 19

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Total receipts for fiscal year ending September	
30, 1906	\$479,639 19
Total disbursements	\$479,639 19

SPECIAL FUND

Receipts

Received from comptroller, chapter 635, Laws of 1904	\$59,853 18
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Paid vouchers 368 to 640 inclusive.	\$59,853 18
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Received from comptroller, chapter 700, Laws of 1905	\$23 64
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Balance on hand October 1, 1905.	209 08
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Paid vouchers 4 to 6 inclusive.	232 72
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Received from comptroller, chapter 702, Laws of 1905	\$35,891 17
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Paid vouchers 1 to 278 inclusive.	35,891 17
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Received from comptroller, chapter 686, Laws of 1906	\$2,187 22
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Paid vouchers 1 to 53 inclusive.	2,187 22
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Respectfully submitted,

ISHAM G. HARRIS

Acting Treasurer

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE ACTING SUPERINTENDENT

To the Board of Managers:

In compliance with the requirements of the law, the following report of the operations of the Hudson River State Hospital for the fiscal year ending September 30, 1906, is respectfully submitted:

	Men	Women	Total
Number of patients remaining October 1, 1905	1100	1192	2292
Admitted during the year ended September 30, 1906	287	238	525
Total number under treatment during the year	1387	1430	2817
Daily average population.....	1088	1176	2264
Capacity of the institution.....	990	1045	2035
Discharged during the year:			
As recovered	58	45	103
As improved	38	23	61
As unimproved	66	77	143
As not insane	5	4	9
Died	110	97	207
Whole number discharged during the year	277	246	523
Remaining October 1, 1906.....	1110	1184	2294

ADMISSIONS

Of the 525 cases admitted, 510 were upon original commitments while 15 were transferred from other institutions for the insane. Of the number admitted 49—23 men and 26 women were cases of readmission.

It is of interest to note in this connection that of the 525 admissions, 158, or 30 per cent were foreign born. About 20 per cent of these foreign born patients had been in this country five years or less prior to admission.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT DISCHARGES

Of the 523 patients discharged 103 were recovered, 61 improved, 143 unimproved, nine not insane, and 207 died. Of the 61 patients discharged as improved, 37 men and 21 women were taken to their homes; one man and two women were sent to their homes in foreign countries. Of the 143 patients discharged as unimproved, 52 men and 50 women were transferred to other state hospitals upon orders of transfer issued by the State Commission in Lunacy, 11 men and 23 women were taken to their homes, and three men and four women were sent to their homes in foreign countries.

NUMBER UNDER TREATMENT

The greatest number under treatment at any one time during the year was 2,336; the smallest 2,212, and the daily average 2,264, while the total number treated during the year was 2,817.

RECOVERIES

The rate of recoveries based on the original commitments was 20.23 per cent while it was 24.46 per cent on the number discharged exclusive of those transferred to other state hospitals. These figures will be increased to 25 per cent if the cases discharged as "not insane" are excluded.

Of the 525 cases admitted during the year, 400 were those in which there was a prognosis unfavorable for recovery. In 125 cases a favorable prognosis was expected and if the recovery rate were based upon these cases it would be 82 per cent.

DEATHS

The total number of deaths during the year was 207 — 110 men and women 97 — which is 7.35 per cent of the total number under treatment, and one per cent less than it was last year. Of the deaths, 19 per cent were due to tuberculosis, and 11.5 per cent to general paresis. Of the number dying about 50 per cent had passed the age of 60 years.

DURATION OF INSANITY

In the total number admitted during the year the duration of insanity previous to admission averaged about three years. The period under treatment averaged a little over nine months for the 103 recovered cases. In the 103 cases discharged as recovered, the duration of insanity previous to admission averaged about

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

seven months. The average duration of the insane life of the 207 dying was 10.88 years.

I think here we might remark that we have a most excellent commentary upon our present mode of commitment and I would suggest that efforts be made to amend our present laws, so that early and incipient cases of mental disease may be admitted with as little inconvenience as possible. Private institutions are permitted to take voluntary cases, while the state hospitals are not granted this privilege. This seems to be an unjust discrimination, for surely the poor and indigent cases should be given every opportunity for early treatment in the state hospitals, and if an error is made let it be on the side of liberality and humanity.

CAUSES OF INSANITY

As usual heredity plays an important part as an etiological factor, there being 98 cases, or 18.66 per cent of the total admissions, in which insanity could be traced back to either the father, mother, or both of the parents, while there was a predisposition to insanity, constitutional inferiority or some grave neurosis in over 44 per cent of the cases.

Alcohol was at least a coefficient in 20 per cent of the cases. Of the 107 cases in which alcohol was apparently the prime factor, 50 per cent of them inherited the predisposition to the habit from the father or mother, or both.

A trifle over 20 per cent of the total admissions were senile cases. Of the 34 cases of general paresis admitted, it is safe to say that 18 cases either had a definite history of or presented bodily evidence of syphilis. In four additional cases it is extremely probable that syphilis was the forerunner of general paresis. This gives a history of syphilis in over 64 per cent of the cases of paresis.

In 20 cases the climacteric was probably the primary cause of the psychosis. In 14 cases the psychosis was due to epilepsy, while in 23 the psychosis was grafted onto imbecility.

Unfortunately I have no reliable statistics stating the role that sexual traumatism plays as a cause of insanity, but I feel more and more convinced of the importance of inquiring into this field.

OCCUPATION

Some sort of occupation is always an essential feature in the care and treatment of the insane. The daily average number at

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

some kind of pleasant and useful occupation during the past year was 68 per cent for the men and 62 per cent for the women, while the general average was 65 per cent.

AMUSEMENT AND RECREATION

W. O. Wheeler has added another year to his management of amusements and he has filled the position in a successful and satisfactory manner. The patients have been made happy by numerous dramatic entertainments, dances, card parties, boat sails, ball games, athletic contests, sleigh rides, etc. Probably the one thing most enjoyed was the Fourth of July celebration and flag raising. In the afternoon of July 4th several hundred patients gathered upon the front lawn about the flag pole. An address was made by the Hon. George M. Hine, mayor of Poughkeepsie, and the national flag was raised by Hon. Willis E. Merriam, of Albany, and Hon. Isaac W. Sherrill, of Poughkeepsie, while the hospital band played "The Star Spangled Banner." In the evening the patients were treated to a magnificent display of fireworks.

MEDICAL WORK

The medical work of the hospital is always important and for some years past has been made a special feature. This work has been greatly improved under the leadership of Dr. Adolf Meyer, director of the Pathological Institute. All cases are worked up in every detail and according to the latest advances in psychiatry. Cases are presented at staff meetings twice in each week and all points are brought out and demonstrated; full discussions are made, and painstaking typewritten records are kept of all cases. Differences of opinion are noted, and all cases in which a question for diagnosis or prognosis arises are presented for review and further discussion at some future time.

Every effort is being made to correlate the clinical work with the pathological aspect of the cases coming to autopsy. All such cases are carefully reviewed and a mental and physical outline of the case is presented with a statement as to the pathological condition expected to be found. If the physician makes a mistake in his physical diagnosis the autopsy reveals it and thus are the various men stimulated to careful and painstaking work.

The woman physician examines, gynæcologically, every female admission who can be approached, and the greater majority can be,

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

very soon after admission. The conditions met with vary to an almost inappreciable extent from those met with in the same number of women in outside life. The conditions found are traumatic results of child-bearing, infectious residua, uterine displacements, new growths, menstrual disorders and uterine inflammations. These conditions all receive proper care and treatment and operative procedures are performed whenever the existing conditions warrant it.

Dental work is done for the hospital by Dr. Mitchell Downing, and the ophthalmological work by Dr. William G. Dobson, both of Poughkeepsie.

The medical profession has a standing invitation to attend all the staff meetings. The hospital entertained the Dutchess County Medical Society in April and the members of the staff read papers on various types of mental disease and presented cases illustrating these types.

In addition to the semi-weekly staff meetings, there are held quarterly meetings of representatives of neighboring hospitals. At these meetings difficult and interesting cases have been presented for discussion and diagnosis. In this connection I wish to say that too much credit cannot be given to Dr. Adolf Meyer, director of the Pathological Institute, for what he has done. It has been through the direct efforts of Dr. Meyer that the present work in the state hospitals is on the high plane now established and our present progress is due to him; and his constant readiness to assist, and to give instruction, has been untiring.

For the most part the medical classification is that of Dr. Kraepelin, though the classification of no one school has been followed to the total exclusion of another. The present medical classification follows closely that published by Dr. Adolf Meyer in his report of the Pathological Institute for the years 1904 and 1905:

A. Disorders etiologically characterized:

I. Psychoses with more or less brain disease.

1. Psychoses part of a nervous affection.....	6
Brain tumor with mental symptoms.....	0
Traumatic psychoses	3
Transcortical motor aphasia.....	1
Brain syphilis	0

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Organic dementia (post apoplectic)	1
Central neuritis	0
Deterioration following brain destruction (after embolism)	1
2. Senile psychoses	107
3. General paralysis	32
Cerebral form	30
Tabetic form	2
Cases suspicious of general paralysis	2
II. Psychoses due to intoxications.	
1. Alcoholic psychoses	81
Simple deterioration	16
Delirium tremens	7
Delirium tremens followed by polyneuritis and deterioration	0
Delirium tremens followed by deterioration	1
Acute and subacute hallucinosis	32
Korsakoff's complex	2
Alcoholic paranoic conditions	9
Disorders of a more independent symptomatic type	14
2. Drug and other toxic psychoses	6
III. Autotoxic, infective or exhaustive types	6
B. Disorders of largely symptomatic-prognostic type:	
1. Conditions allied to infective-exhaustive psychoses	1
2. Depressions not belonging to other specific groups	28
Essential depressions not sufficiently differentiated	2
Symptomatic depressions	3
Depressive hallucinosis	1
Agitated depressions or anxiety-psychoses (largely of the involutional period)	22
Depressions with additional symptoms	0
3. Dementia præcox	121
Paranoid forms	31
Simple forms	75
Catatonic forms	15
Allied to dementia præcox	S

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

4. Paranoic conditions	37
Chronic systematized delusions of persecution.	9
Chronic delusions of persecution of unsystematized form	15
Paranoic states (ideas of jealousy)	2
Paranoic episodes (during ill-health)	4
Recurrent paranoic episodes with ill-health	0
Delusions of importance with slight deterioration	5
Paranoic conditions (ideas of jealousy with remissions)	1
Paranoic residuals of an undetermined psychosis	1
5. Manic depressive insanity	26
Manic attacks	25
Depressive attacks	0
Mixed conditions	1
Delirious equivalents	0
Conditions allied to manic depressive insanity	6
Excitements	5
Depressions	1
C. Psychoses belonging to definite neuroses or make up.	47
Psychasthenic insanity	1
Neurasthenic insanity	2
Epileptic insanity	14
Hysterical insanity	1
Excitement following chorea	1
Constitutional inferiority	5
Imbecility	23
D. Not classified	1
E. Not insane	10
	<hr/>
	525

TREATMENT

In the treatment of the insane there is little use for those drugs which were formerly used to such an excessive extent. Hydrotherapy, rest, nutritious foods, general tonics, care and nursing, play the most important part in the treatment of this class to-day. Hydrotherapy has almost entirely supplanted the use of drug soporifics, somnolents and hypnotics. Diversions of a helpful na-

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

ture, as music, dances, boat sails, sleigh rides, walks, pool, billiards, and some light occupations are prominent features in the treatment of the insane. Massage, electrotherapy and X-ray are used as indicated. Surgical operations are performed when considered best for the welfare of the patient. Saline enemata have been found useful in a great many cases. As a means of diagnosis lumbar puncture is often used but no attempt at treatment has been made by this method.

Under this head I would suggest that a great amount of good, in my opinion, could be done if a clinic were established in connection with the hospital. In this way many nervous and incipient cases of insanity could be reached and people would feel free to come to the hospital and consult the physicians about themselves. In this way, no doubt, many cases would be saved from a hopeless condition and in the end the State would be benefited. Here again I urgently suggest the great advantages to be derived from voluntary admissions.

AUTOPSY WORK

The staff continues to take great interest in autopsy work, and every effort is made to get proper permission from the friends or relatives for post-mortem examinations of those dying. This year autopsies were performed in over 39 per cent of those dying. The hospital continues to furnish autopsy material to the Pathological Institute as occasion arises.

LABORATORY WORK

The work in this department has increased materially during the past year, and more than 500 examinations have been made. Examinations were made of urine, sputum, blood, cerebro-spinal fluid, pus, etc. In addition, routine examination of drinking water has been made and these examinations have proven the efficiency of the filtration beds installed last year. Sections were made from various organs of each case that came to autopsy and permanent specimens were stained and mounted for examination and preservation.

CHANGES IN THE OFFICIAL STAFF

The following changes occurred in the official staff during the year:

Dr. Adelbert C. Matthews was appointed junior assistant physician, November 1, 1905.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

It is with deep regret that I chronicle the death of Dr. Charles H. Langdon. His death occurred November 15, 1905, and was the result of an attack of appendicitis. Dr. Langdon had endeared himself to all the members of the staff and to a host of friends in Poughkeepsie. He possessed all the good qualities of a good physician. At all times he was a devoted and faithful friend, and was a most earnest worker in the behalf of the insane.

Dr. Frederick W. Parsons was appointed on December 1, 1905, to fill the vacancy created by the death of Dr. Langdon. Dr. Dean Miltimore was appointed junior assistant physician January 10, 1906, and Dr. William J. Cavanaugh was promoted to the position of assistant physician February 1, 1906. Dr. Emma Putnam resigned her position as woman physician May 31, 1906. Dr. Putnam had been connected with the institution for a number of years and it was with regret that we lost so valuable an assistant. Dr. Ruth Demarest was appointed woman physician June 1, 1906. Dr. Robert R. Patterson resigned his position as medical interne August 10, 1906, and Dr. Russell E. Blaisdell was appointed to fill the vacancy thus made, on August 15th. Dr. Mark L. Fleming resigned his position as assistant physician September 19th to enter the psychopathic ward of Bellevue hospital as assistant alienist. Dr. Clinton J. Hyde was promoted to the position of assistant physician, made vacant by Dr. Fleming's resignation, on September 20th. Howard P. Carpenter served as clinical assistant during June, July and August.

On December 1, 1905, Dr. Elbert DuB. Loughran, junior assistant physician, was granted a year's leave of absence on account of ill health. We are very glad to hear that he is improving and trust that he will be fully restored at an early date.

Dr. Charles W. Pilgrim, superintendent, was appointed president of the State Commission in Lunacy May 1, 1906, and on the same date Dr. Isham G. Harris was appointed acting superintendent.

George R. Finton was appointed to the position of steward August 1, 1906.

AFTER-CARE OF THE INSANE

Through the instrumentality of Miss Louisa Lee Schuyler of the State Charities Aid Association, a committee on the after-care of the insane was formed in the early part of the year. Through this committee, with Miss Schuyler as chairman, it is

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

designed that each hospital district have a committee on the after-care of the insane. Such a committee was named for this hospital district, consisting of Mrs. James Roosevelt, of Hyde Park, Mrs. Thomas Howard, of Hyde Park, Miss Myra Avery and Mrs. James D. Keith, of Poughkeepsie, Miss E. D. Bininger, of New Hamburg, Lewis R. Parker, of Albany, with Miss Catherine A. Newbold, Dr. Granger and myself as members ex-officio. The committee of this district is the third one organized in the State. Too much credit cannot be given to the committees on the after-care of the insane. This work is a most worthy and philanthropic one and well deserves the moral and material support of all citizens. A full history of this movement is given in the report of the State Charities Aid Association together with the work that has been done by the committee in this hospital district. The chairman of the committee in this district is Mrs. James Roosevelt, and Miss E. D. Bininger is the secretary.

TRAINING SCHOOL FOR NURSES

A training school for nurses was established in this hospital in 1886. It has been reorganized from time to time to conform to advanced ideas and methods of instruction. The uniform two years' course adopted by all the State hospitals is in full operation. Instruction in subjects pertaining to general nursing is given, but special attention is paid to the management and nursing of the insane. Quizzes and practical demonstrations have almost wholly supplemented didactic methods of instruction. The school graduated nine members during the past year. At present there are 13 members in the senior class and 30 in the junior.

**MUTUAL BENEFIT AND PROTECTIVE ASSOCIATION
OF THE EMPLOYEES**

Last year our employees organized a mutual benefit and protective association for the employees of the Hudson River State Hospital. It was founded on the broad principles of benevolence. Its establishment is to provide relief and aid in sickness and distress, burials at death and to inspire its members with the elevating influences of the proper recognition of the stern realities and responsibilities of life. This association has a constitution and by-laws formulated by its members. It gives sick benefits to

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

its members and on the death of a member of the society, who has been a member in good standing for three months, his widow or nominee shall be entitled to receive \$100.

A NEW STATISTICAL TABLE

At the 33d session of the National Conference of Charities and Correction, held in May, 1906 in Philadelphia, the following resolution was unanimously adopted:

“Resolved, That the National Conference of Charities and Correction urges upon all responsible for the administration of state institutions, the need for more uniform statistics relating to population and finances; that the official boards or bodies having supervision of state charities and the heads of the various state charitable and correctional institutions be requested to give one page for each year in their reports, setting forth a few important facts, in conformity with the blanks prepared by the Committee on Statistics; that the Secretary of the Conference is hereby directed to bring this resolution to the attention of all persons interested and request their compliance therewith and their reply to the request.”

Obedient to this request I herewith append the table referred to:

STATISTICAL FORM FOR STATE INSTITUTIONS

PREPARED IN ACCORDANCE WITH A RESOLUTION OF THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTION, ADOPTED MAY 15, 1906.

Name of institution, Hudson River State Hospital, .
Poughkeepsie, N. Y.

POPULATION

	Male	Female	Total
Number of inmates present at beginning of fiscal year	1,100	1,192	2,292
Number received during the year.....	287	238	525
Number discharged or died during the year	277	246	523
Number at end of the fiscal year.....	1,110	1,184	2,294
Daily average attendance (<i>i. e.</i> number of inmates actually present) during year.	1,088	1,176	2,264
Average number of officers and employees during the year.....	274	199	473

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

EXPENDITURES

Current Expenses.

1. Salaries and wages.....	\$182,970 32
2. Clothing	16,215 77
3. Subsistence	143,425 20
4. Ordinary repairs	11,088 95
5. Office, domestic and outdoor expenses...	95,444 15

Total	\$449,144 39
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Extraordinary Expenses.

1. New buildings, land, etc...	\$55,704 31
2. Permanent improvements to existing buildings.....	42,227 26

Total	\$97,931 57
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Grand total	\$547,075 96
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Notes on Current Expenses.

- Salaries and wages should include salaries of trustees or directors, if any.
- Clothing includes shoes and also materials for clothing and shoes if they are manufactured in the institution.
- Ordinary repairs include all of those which simply maintain the buildings in condition without adding to them. Any repairs which are of the nature of additions should be classed with "permanent improvements."
- This item includes everything not otherwise provided for, *e. g.* furniture, bedding, laundry supplies, medicines, engineer's supplies, postage, freight, library, etc.

Executive head (Superintendent,
Warden or other title).....

IMPROVEMENTS DURING THE YEAR

The superintendent's house and staff house were completed early in the spring and are now occupied. The rooms vacated by the superintendent and the staff, consisting of the second and

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

third floors of the main building are now being renovated and will be ready for occupancy at an early date. These floors will accommodate about 50 patients each.

Additions to Cottages 4 and 5

Two additions, one to cottage 4 and one to cottage 5 have been completed and are now occupied. These make room for 12 patients more in each cottage. They are made at the two cottages in which the tuberculous cases are treated. This improvement gives two large sun-rooms to each of the cottages and adds much to the general appearance of the buildings to which they have been attached. They will prove of great benefit in the proper treatment of the tuberculous cases. The doors to the sun-rooms are made large so that bedridden and helpless cases can be taken out from the wards into these rooms for air and sunshine. Besides these additions above mentioned, cottages 4 and 5 have been entirely renovated throughout with steel ceilings, painting and electric light fixtures. The walls of the cottages have been painted with a sanitary paint which can be cleansed and scrubbed easily with germicidal agents. In building the two additions above referred to, a stairway was put in leading from the second floor to the ground, thus adding a fire escape which was greatly needed.

Chemical Refrigeration

Chemical refrigeration of the cold storage room has been completed and the plant is working satisfactorily. An ice-making plant has been added to this chemical refrigeration plant and we are now in a position to manufacture our own ice.

Infirmary for Men

The infirmary at the central group is nearing completion and will be ready for occupancy in a short time. This building is for the feeble and infirm male patients. It is two stories high and has two sun-rooms on each floor. The doors leading from the wards to the sun-rooms have been made large so that bed-ridden and feeble cases can be rolled out into these large sun-rooms as occasion requires. This building will accommodate 76 patients — 38 on each floor.

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Amusement Hall

The new amusement hall is almost ready for use and it will be a most valuable addition to the institution. It will accommodate 800 patients. The old amusement hall will be converted into a dormitory for a feeble class of women patients.

Flag Staff

A new steel flag staff has been erected on the front lawn. It is 100 feet high and adds much to the beauty of the grounds. The flag floats from it every pleasant day and proves to be a source of admiration to all the patients.

" D " Dining Room

A new floor has been laid in D dining room at the central group.

Painting Tin Roofs

All the tin roofs of the hospital have been painted during the past summer and they are now in a very good state of preservation.

Steel Ceilings

Steel ceilings have been placed on wards 3, 7 and 8. These were the first wards of this institution that were built. The addition of steel ceilings has added much to the general appearance of these wards.

Wards 26 and 27

Wards 26 and 27 at the central group have been renovated and newly painted.

Wards 1, 5 and 9

The water sections of wards 1, 5 and 9 are being entirely renovated with fire proof and tile flooring. New spray baths are being added and also new lavatories. The work on these wards is progressing fairly well.

Fire Alarm System

During the past summer a complete system of the Gamewell fire alarm telegraph system was installed. Twenty boxes of the non-interfering type have been added to the main building and central group, while eight boxes of the interfering type have been put in at the cottages.

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New Duct

The work on the new duct leading from the laundry to the shops is well under way and will be completed by the winter months. By means of this duct heat will be furnished to the shops and to the new amusement hall.

Portable Boilers

A new portable boiler has been provided for the stone crusher.

New Boilers

Four new boilers have been added to the main building boiler house and one to the pumping station at the river.

Fire Escape

The new fire escape for the main building has been completed.

New Buildings

In the early spring the State Commission in Lunacy decided to erect two new buildings at this hospital — one for the chronic cases and one for the acute cases. The building for the chronic cases will be known as “Inwood” and will accommodate 440 patients. This building will be south of the central group on the recently bought Ziegler lot. The ground is high and rolling and is bounded by woods on the north and east, and exposed to the sun on the south and west. The acute hospital will accommodate about 50 patients of each sex. This building will be erected just south of the main building and about one-quarter of a mile west of Inwood. This is also on the Ziegler lot, and is located near the entrance to the hospital grounds, on the Hyde Park road. In constructing the hospital for the acute cases it will be the aim and object to have it provided with every modern convenience.

Recoverable Cases

The cases in this hospital will not come in contact with those in other departments and they may come and leave the hospital without having seen the disagreeable features contended with on the wards where unrecoverable-disturbed patients are necessarily kept.

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Laundry Equipment

Money has been allowed for new laundry equipment and work for the same has been awarded. This will put our laundry in a very fair condition to contend with the present amount of work to be done in the hospital.

Entrance Stairways

The entrance stairways to the reception wards have been completed and have proven to fill a much needed want.

New Doors

The doors between the dining rooms of the north wing and fireproof stairways have been placed. These add much to the appearance of the dining rooms and will prove of great use in the event of fire.

Sun Rooms

Money for sun rooms 3, 7 and 11 has been allowed and this work will be pushed during the coming year.

New Chapels

Through the kind efforts of Rev. John P. Casey, of the Novitiate of St. Andrews, the hospital has been donated two chapels. One is located at the cottages and is built of wood, and will seat 200 persons. The other is midway between the main building and the central group. It is located just off the road near the large stone bridge, south of the athletic grounds. This chapel is of rubble with brown stone trimmings and presents a very handsome appearance. It will seat about 700 persons.

The hospital is to be congratulated in possessing two such useful additions to its equipment.

NEEDS FOR THE COMING YEAR

Nurses Home

At the present time we have more than 100 attendants sleeping on the wards and in the attics and we are very much in need of an attendants' home. The rooms now occupied by the attendants on the wards should be used for patients. A building of this sort has many advantages. An attendant's lot is not at

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

all an enviable one, and every effort should be made to render their lives more comfortable and pleasant and give them homelike surroundings. When off duty they should be permitted to room away from the wards. For this building \$65,000 should be allowed.

Day Rooms on 26 and 27

At present the day rooms on wards 26 and 27 are very small and inadequate for the class of patients that are treated there. A day room for each floor should be constructed on the north side of the building. Such a day room would provide for five patients extra on each floor, and \$5,000 would permit us to build two very pleasant rooms.

Operating Room

All hospitals for the insane should be properly equipped with a surgical operating room in order to keep up with the advances of science in the treatment of these unfortunates. At the present time we have no operating room that could be dignified as such. We have a make-shift which is not at all up to the standard and we, therefore, request that \$12,000 be allowed for building and equipping an operating room which will be in keeping with the progress made in all other departments of psychiatry.

Finishing Third Floor of Inwood.

During the past year the Commission in Lunacy set aside the sum of \$313,000 for the building of an acute hospital and a building to accommodate 440 chronic patients, but there was not enough money available to complete the third floor of the building known as Inwood for the chronic insane patients. Money should be allowed to complete this floor in order to accommodate the employees in this building; or, if thought wiser, money should be allowed for the extension of the present nurses' home at the central group. For this purpose \$17,000 will be required.

Porches at Inwood.

In the original plans for Inwood provisions were not made for enough sun rooms or porches. As these sun rooms are always advantageous in the treatment of this class of people the sum of \$4,500 is requested in order to properly furnish this building with porches.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT*Nurses' Home, Cottage Department*

In the cottage department the day and night nurses have to sleep on the wards, and owing to the construction of the cottages the night nurses are unable to get the necessary rest and quiet to enable them to properly perform their night duties. In this department also the tuberculous and epileptic cases are housed. I would, therefore, suggest the advisability of erecting a building for this department in which these employees may be accommodated. In the construction of this building rooms should be set aside for light industries for this class of patients, and also one for a small amusement hall. These patients are now at a great disadvantage because of the long distance to our present amusement hall. This could also be used as a club-room for the employees when not on duty. In addition there should be a small room for light laundering. In order to erect and properly equip this building \$11,000 should be appropriated.

Renovating Two Cottages

During the past year two of the cottages (4 and 5) were put in excellent condition with the \$5,000 appropriated last year, and a like amount should be given this year in order to put two more in thorough repair. The cottages were originally poorly built and have begun to decay in many respects since their building. At least \$2,500 should be expended on each cottage in order to place them in the necessary state of repair.

Porches for the Cottages

Everyone admits the many advantages to be obtained from plenty of sunlight and fresh air. At the cottages the porches should be enlarged and arranged so as to be enclosed in glass during the winter. In order to do this properly the sum of \$1,000 should be allowed for each cottage, making the sum \$6,000, which should be allowed in order to place these porches on the remaining six cottages.

Repairs to Floors, Painting and Furnishing First Floor of Main Building

The first floor of the main building needs many repairs. The walls and ceilings need painting and many of the offices need proper furnishings. Owing to a growth of the institution a rearrangement of the medical offices is necessary, also rearrange-

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ment of the steward's office and the matron's office. The sum of \$3,000 will be necessary in order to place the first floor of this building and the offices in proper condition.

Cow Barn

Our cow barn is in a very bad state of repair, and will hardly be fit for the winter's use. We have had to spend \$300 this fall in order to put it in such repair as to make it at all suitable for the beginning of the winter. A new barn is needed very badly and one could be built with all the modern conveniences and appliances according to the latest plans for the sum of \$12,000 and it is earnestly requested that this amount be allowed.

Additions to Old Amusement Hall

The old amusement hall is to be turned into a dormitory and as it is now arranged proper accommodations for clothing, bath and toilet rooms cannot be made. In order to furnish this hall with clothes room, bath room and toilet room it will be necessary to build a small addition to each side of the amusement hall adjoining the corridor of hall 11. For this work \$6,000 will be required.

Cold Storage Addition to D Kitchen

The cold storage for D kitchen, central group, is an old frame structure attached to the side of the kitchen which was put up at the time of the completion of that building, 16 years ago. It is now in a bad state of repair, and it is not worth while to spend the money in attempting to put it in good condition. Two thousand, two hundred dollars (\$2,200) would be necessary to make proper cold storage addition to this department.

New Boiler House and Electric Station

The boiler house at the central group is very old and in very poor condition, and so also is the electric station. There is not enough room and as the new chronic building at the central group will require more boilers and dynamos in order to properly light and heat the building it is earnestly recommended that new buildings be allowed. If a new building is erected the old build-

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ings could be used for storing coal. The coal could be put in during the summer when it is cheaper, and thus a saving would be evident. For this purpose the sum of \$38,000 is asked.

Repairs to Roads and Building New Roads

Our roads are in a very bad state of repair, and it is necessary that the work be done on them as soon as possible in order to keep them in proper condition. Besides, the acute hospital and Juvead are being built and it will be necessary to build new roads to these two buildings. For this purpose the sum of \$2,500 is asked.

Walks

Walks will have to be built to the two new buildings and a number of walks need repairing. It is also necessary to build walks around the staff house, new amusement hall and store-room. For this purpose \$1,000 is asked.

Laundry Extension and Equipment

We have no way of sterilizing bedding, etc., that has come in contact with contagious disease. The old and unsatisfactory sterilizer which was built in a brick wall had to be abandoned in order to put in the present refrigerating plant. Thus a sterilizing apparatus and equipment is very necessary from a sanitary and hygienic point of view. It should be placed on the east side of the laundry near the road, and for the sterilizer and equipment, together with a small building in which to place it, the sum of \$3,000 is requested. As soon as the buildings now under process of construction have been completed, our population will be increased about 600. In order to properly care for these 600 patients it will be necessary to enlarge our laundry, and to do this as it should be done the sum of \$7,000 will be needed.

New Furniture

Nearly all the wards of the hospital need refurnishing with new furniture, pictures, carpets and rugs, and the sum of \$3,000 is asked for this purpose.

Musical Instruments

Our new amusement hall should have an organ. The one on hand is much too small and is inadequate for the new hall. Many of the wards are without musical instruments, and two of the

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pianos have been discarded because they were worn out and utterly useless. There is no better diversion and none that meets with such hearty approval as that of music and we ask for \$2,500 with which to purchase an organ for the new amusement hall and for instruments for the various wards.

Railroad Station

At the present time we have a small railroad station just north of the road leading from the courts. It is the road that all the patients take in going out for walks and returning. The station should be on the other side of the road and just below the mortuary. Then the cars would not have to go across the main road except when coal is brought in, and the liability of anyone getting hurt would be rendered almost nil. For this building \$1,500 is asked.

Painting, Inside and Outside

Nearly all the wards of the hospital should be repainted because nothing adds so much to the life of the building as paint. Besides, the wards look more cheerful and pleasant by its judicious use, and it is wise from the standpoint of economy to keep the outside and inside properly painted. For this work \$5,000 is asked.

Fire Protection

In order to properly equip our hospital with necessary apparatus for protection against fire we should have a hose wagon, a hose house, a lot of new fire hose and a number of chemical fire extinguishers. To place our fire department on a fair basis for protecting the life of the inmates of the hospital as well as the property, the sum of \$8,000 is required.

Bowling Alley and Billiard Room

The upper part of the old vegetable cellar which is immediately back of the stage of our new amusement hall is admirably located for a bowling alley and billiard room. This addition to our amusements would be a great benefit both to patients and employees. The alley which we have now in the main building could be used exclusively for the women patients. About \$1,500 would be required to fit this cellar up properly.

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New Equipment to Kitchen

Quite a good deal of modern kitchen furniture should be purchased during the coming year. A new steam table and a meat slicing machine should be purchased. We should also have a pasteurizing machine in order to give our patients pure milk, free from bacteria. New plumbing and new pipes to carry off vapor from the steam kettles are necessary. One new range is also needed at the cottage department. One thousand (\$1,000) dollars should be set aside to properly equip our kitchens.

Fan for Main Kitchen

The main kitchen at the main building, where food for more than 1,200 patients is prepared, is poorly ventilated, and at times it is impossible to see more than a few feet on account of the vapor arising from the steam kettles. In order to properly ventilate this a fan is necessary. A 48-inch fan with speed regulating rheostat would cost about \$400.

Eleven Hall Veranda

Eleven hall veranda is in a very poor condition and needs complete renovation. At the present time it is hardly safe for use. It has been patched up from time to time, but we hope to make it useful for this year. It will cost \$350 to put this veranda in first class condition.

New Roofs to Ice Houses

The ice house at the main building and the one at the cottages need new roofs. They are now in very bad condition and will not last through another season. For this purpose \$800 will be necessary — \$400 for each house.

Fences

The fences around the grounds are in very poor condition and it is necessary to renew them. The grounds should be fenced off from the general public roads. The front grounds have no fence for a considerable distance along the highway, and the old fence along the Hyde Park road is dilapidated and falling to pieces. The cottage grounds are also open to the public. It is essential that we have money to repair and build new fences so that the

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roads will be in keeping with the general improvements of the grounds. The sum of \$3,500 will be necessary for these improvements.

Sun-Rooms for 23 and 24

On these wards there is a class of patients who are not able to take long walks, and who would be greatly benefited if the sun-rooms were built on the south side of these wards. The sum of \$2,000 would build very comfortable sun-rooms — \$1,000 for each floor.

Library

Concerning the library I can but repeat what was so distinctly stated in the last year's report, namely: "The room which we now use on the main floor of the main building for the patients' library is much too small, and besides it is greatly needed for other purposes. If a small addition could be made to the corridor of ward 11, our needs in this direction would be much better served, and a most desirable addition to the hospital provided." An appropriation of \$3,000 would enable us to provide a suitable addition and would, I am sure, prove to be of the utmost value.

Recreation Rooms for Women

The rooms in the basement of the south wing which were at one time occupied by employees, and are now vacant, would be a very suitable location for a recreation room for women, and such a room would be of great benefit in inclement weather when the patients cannot get out of doors. About \$800 would put it in a very suitable condition.

Hair Cleaner and Renovator

At the present time we have no proper method for cleaning and renovating the hair used in making mattresses. It is very essential that we have a proper hair cleaner, blower and renovator attached to the shop. Besides, all our machinery in shops, mattress shop, shoe and broom shop should be run by electricity. The hair cleaner and renovator, with the carpenters' work and material would cost about \$650. Motor appliances would cost about \$350.

Hennery

A hennery would be a very useful addition to our plant, and it would well repay the institution to expend about \$1,000 in building and equipping a hennery.

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Ambulance

An ambulance is needed in this institution. With the frequent transfer of patients from one department to another there should be some proper equipment in order to accomplish the desired results in the most humane way. We have no covered wagon, and an ambulance should be provided, at a cost of about \$750.

Additional Lands

Adjoining the Ziegler place which the hospital bought a few years ago is a small farm which the institution should own. I also call your attention to the fact that the Beech property which the hospital now rents should be purchased. For additional lands we should have \$30,000.

Track Scales

Now that we have facilities for bringing coal, potatoes, beef and other bulky freight to the hospital grounds in car-load lots, track scales where freight could be weighed would be very desirable. In order to properly install a 100-ton track scales with suitable foundation, dead rails, etc., about \$1,500 will be necessary.

Electric Truck

The hospital has so much trucking from one department to another that it is often difficult to get it done, and an electric truck would prove to be a most useful addition to our plant. We could thus save the expense of at least one team and driver. For this the sum of \$4,000 is required.

PLUMBING DEPARTMENT

Toilet Rooms 2, 6 and 10

The toilet rooms on wards 2, 6 and 10 with a population of 86 people on each of wards 2 and 6, have only three hoppers. These are insufficient and should be increased to three additional ones. These wards are also without slop sinks and hot water can be had only at the pantries of the old dining rooms, which are used as sick-dormitories. The sum of \$2,000 would equip the three wards with the proper number of water closets, slop sinks, and new drain system throughout.

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North Wing Urinals

These urinals of the north wing are in a very unsanitary condition and are frequently, especially in hot weather, almost unbearable, because they cannot be kept in a hygienic condition. To remove the stoppage in the plumbing of these urinals the slab work must be taken down. The back slabs are set on dowel pins, no waterproof cement having been used. The top caps are cut for the waste and vent mains, and allows space for patients to throw refuse of all kinds behind the partition backs. To place these four floors in proper sanitary condition and provide for four floor drains will require \$800.

Administration Building

The south stack should be overhauled and two vent lines added. This stack was never properly constructed and should not be allowed to remain in its present condition. To put this stack in proper condition \$1,000 would be necessary.

Wards 4 and 8

The toilet rooms on these floors are the only ones with wooden floors, which at present are in a very bad state of repair. Fire-proof tile floors for these wards would cost \$800.

REQUIREMENTS FOR THE ELECTRICAL DEPARTMENT

Renewals to High Tension Feeders

The feeders from the power house to the cottages should be replaced by larger ones, with better insulation. When the machinery for lighting the cottage department was at the Fallkill boiler house, No. 4 single braid wire was used for feeders. When this machinery was moved to the central group the feeders were extended from the central group to the cottages with No. 6 and No. 8. Now we have all three sizes of feeders supplying the cottages. We would like to renew this wire with No. 1—B. S. G. triple braid, in anticipation of running at a later time, the machinery at the Fallkill boiler house with alternating motors.

The series street line needs attention as most of the hoods should be replaced. The present No. 8 single braid should be replaced

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with No. 6 triple braid. A number of poles and a number of cross-arms will have to be replaced during the coming year. For this work \$3,000 will be required.

Telephone Cable

When the new addition to wards 26 and 27 is opened we will need a telephone on each ward. These wards will also need night-watch clocks connected with our present system, and for this purpose a telephone cable will be necessary as the wires have to run through a long damp duct. Besides, cable lines give better service than open wire. For this purpose \$700 will be needed.

Outside Lighting

The walk going from the main walk to the staff house — about 700 feet in length — has no lights, and four should be put in. The walk leading from the superintendent's house to the main walk has no lights, and two should be put in as this walk is about 200 feet in length. From the main road entrance up to the staff house there are no lights. The sum of \$2,000 should be allowed for this and for the general electric system outside.

ENGINEERING DEPARTMENT

Steel House for Filter Beds

The filter beds were installed last year and have given satisfactory service in every respect. However, we need a steel house built for the sand courts at these beds so that work may progress there in all kinds of weather and at all times of the year. The filter beds have to be cleaned every few weeks and the sand has to be washed and returned to the beds. To properly install this steel house the sum of \$800 will be required.

Boilers for Central Group

This department will need three 150 h. p. boilers in order to furnish proper heating of this group of buildings and Inwood, which is in process of erection. For these boilers the sum of \$7,000 will be required.

Force Main for the Cottages.

At the present time the water for the cottage department is supplied from what is known as the Falkill dam. This requires the necessity of an extra boiler house at the Falkill dam. If an ex-

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tension of an 8-inch water main from the central group to the cottages could be made, this extra boiler house could be done away with, and the water could be sent to this department by means of the pump from the Hudson river. Aside from this the water furnished to the cottage department from Fallkill creek is never used for drinking purposes, and at the present time water for this purpose has to be drawn from bored wells. We consider this item very necessary for the needs of the hospital. It is also necessary that this same main connect with the building that is being erected for 440 patients. This connection should be made by means of a 6-inch pipe. For the installation of these two lines the sum of \$6,000 will be required.

Pumping Engine

A 500,000 United States gallon, duplex compound condensing pumping engine for the central group as a relay pumping engine is very much needed. To properly install this engine the sum of \$1,500 is necessary.

Boilers for the Cottages

Five of the cottages need cast iron steam boilers for heating purposes. The present boilers and furnaces are about worn out and will hardly last through this season. The cottages which need boilers at this time are 1, 3, 6, 7 and 8, and the sum of \$3,000 is requested.

Repairs to Heating System at Cottages

At the present time a double return steam pipe system is installed at the cottages and a single steam pipe system should replace our present expensive system, and for this the sum of \$2,400 is requested.

Stone Crusher

At the present time our stone crusher is in a very bad state of repair and both of the large screen cylinders are broken. Besides this, it will be necessary at an early date to move our present stone crusher to a new quarry, and we are therefore in need of a portable stone crusher. This should be a 12" x 18", 15-ton crusher, with bins, screens, etc. For this purpose we ask the sum of \$1,600.

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Coal Storage

The coal storage at the main building is badly in need of repair. The side walls are caving in and the other walls of the building are fast decaying for want of proper repair. For this it will require \$3,000.

RECAPITULATION

Attendants' home.....	\$65,000
Day-rooms for 26 and 27.....	5,000
Operating room	12,000
Finishing third floor of Inwood	17,000
Nurses' home, cottage department	11,000
Adding porches to Inwood.....	4,500
Renovating two cottages	5,000
Porches for the cottages	6,000
Repairs and renovation, first floor, main building....	3,000
Cow barns	12,000
Additions to old amusement hall	6,000
Cold storage to D-kitchen	2,200
New boiler house and electric station	38,000
Repairs to roads	2,500
Walks	1,000
Laundry extension and equipment	10,000
New furniture	3,000
Musical instruments	2,500
Railroad station	1,500
Painting inside and outside	5,000
Fire protection	8,000
Bowling alley and billiard room	1,500
Fan for kitchen	400
Kitchen equipment	1,000
Eleven hall veranda.....	350
New roofs to ice houses	800
New fences and repairing old ones	3,500
Sun-rooms for 23 and 24	2,000
Library for patients	3,000
Recreation room for women	800
Hair cleaner and renovator	1,000
Hennery	1,000
Ambulance	750
Additional lands	30,000

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Track scales	1,500
Electric truck	4,000
Plumbing, 2, 6 and 10	2,000
North wing, urinals	800
South stack main building	1,000
Toilet rooms 4 and 8	800
Renewals to high tension lines	3,000
Telephone and calls	700
Outside lighting	2,000
Steel house for filter beds	800
Boilers at central group	7,000
Water main, central group to cottages	6,000
One 500,000 United States gallon pumping engine. .	1,500
Five boilers for cottages	3,000
Repairs to heating system at cottages	2,400
Stone crusher	1,600
Repairs to coal storage	3,000
<hr/>	
Grand total	\$307,400
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ACKNOWLEDGMENTS

We are indebted for assistance during the year to the choirs of the Trinity M. E., St. Paul's Episcopal, Second Reformed, German M. E., St. John's Lutheran, and German Lutheran churches. The children of St. Mary's Sunday school entertained the patients on March 29th, for which we feel grateful. These children deserve much praise for their good work.

On June 9th the boys of the Poughkeepsie High School held their field day exercises on the hospital oval, and on June 16th the boys' class of the Y. M. C. A. had an afternoon of athletic sports for the patients. On June 27th the annual field day of the Y. M. C. A. was held in conjunction with the patients of the hospital under the direction of Vance C. Roberts, assisted by young men of Poughkeepsie and members of the hospital staff. This was a most successful field day and we wish to make this public acknowledgment to Mr. Roberts and his friends for his and their kindness.

During the season there were bowling contests between the Crumwold Bowling Club of Hyde Park, the M. S. Shwartz team of Poughkeepsie and the hospital team. All of these occasions were greatly enjoyed.

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One of the most enjoyable events for the patients was the rendition of "Christalan" by the pupils of St. Faith's school. This was beautifully rendered, and those taking part as well as those in charge of the pupils deserve much praise and credit.

For books, magazines, periodicals and newspapers the hospital is indebted to Miss Catherine A. Newbold, Dr. S. F. Mellen, the Hospital Book and Newspaper Society, Mrs. M. Tompkins, Mr. Gilbert, and several others whose names were not given. We are also indebted to a friend of the hospital for his generous gift of \$50 with which to purchase Christmas gifts for friendless patients.

RELIGIOUS SERVICES

Religious services were held throughout the year, ministers from the various churches in and about Poughkeepsie officiating. These good men made frequent visits to the sick, and the last rites were administered to the dying. We are grateful to these ministers and extend to them our thanks. They have always willingly responded to every call made upon them.

VISITATIONS

During the year the hospital has been visited by the "Royal Commission on the Care and Control of the Feeble Minded" of England, the Dutchess County Medical Society, the Albany County Board of Charities, the Commission in Lunacy, representatives of the State Charities Aid Association and of the Board of Managers of the hospital. Dr. William L. Russell, the medical inspector, also made frequent visits and careful inspections.

CONCLUSION.

In concluding my report to you I feel it not only a duty but a pleasure to express my sincere appreciation to the State Commission in Lunacy and to your board for the assistance, advice and encouragement given to me. To Dr. Charles W. Pilgrim especially do I owe acknowledgment for advice and kindly assistance. I also wish to express my appreciation to both the officers and the employees of the hospital for the zealous performance of their duties and for their faithfulness.

Respectfully submitted,

ISHAM G. HARRIS,

Acting Superintendent

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STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	1,100	1,192	2,292
Admitted during year ended September 30, 1906.....			
On original commitments:			
From residences.....	266	224	490
From county houses.....	11	8	19
By transfers from other institutions for insane.....	10	6	16
Total number under treatment during year...	1,387	1,430	2,817
Daily average population.....	1,088	1,176	2,264
Capacity of institution.....	990	1,045	2,035
Discharged during the year:			
As recovered.....	58	45	103
As improved.....	38	23	61
As unimproved.....	66	77	143
As not insane.....	5	4	9
Died.....	110	97	207
Whole number discharged during the year...	277	246	523
Remaining October 1, 1906.....	1,110	1,184	2,294

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	1871
Total acreage of grounds and buildings	812
Value of real estate, including buildings	\$2,556,070 05
Value of personal property	228,442 51
Acreage under cultivation	422

Receipts during year, maintenance fund:

Balance on hand October 1, 1905	\$3,046 01
From State treasury for maintenance on estimates, 1 to 12 inclusive	445,791 53
From private patients	10,017 54
From reimbursing patients	19,664 01
From all other sources	1,120 10

Total receipts for maintenance	\$479,639 19
--	--------------

Total receipts from State Commission in Lunacy for extraordinary improvements	\$98,164 29
---	-------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$16,153 84
Estimate No. 2. For wages	166,816 48
Estimate No. 3. For provisions and stores	143,425 20
Estimate No. 4. For ordinary repairs	11,088 95
Estimate No. 5. For farm and grounds	12,555 40
Estimate No. 6. For clothing of patients	16,215 77
Estimate No. 7. For furniture and bedding	14,766 08
Estimate No. 8. For books and stationery	2,654 49
Estimate No. 9. For fuel and light	45,934 99
Estimate No. 10. For medical supplies	2,823 01
Estimate No. 11. For miscellaneous expenses	11,866 17
Estimate No. 12. For transportation	4,844 01

Total disbursements, estimates 1 to 12 inclusive	\$449,144 39
Materials for which hospital is reimbursed	369 28

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Table No. 2—(Concluded)

Remitted to State treasurer sundry receipts as per chapter 580, Laws of 1899, amended by chapter 326, Laws of 1900.....	\$30,015 33
Remitted to treasurer State hospitals as per comptroller's instructions of October 5, 1906..	110 19
	<hr/>
	\$479,639 19
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy...	\$98,164 29
Total disbursements during year, reimbursing account	369 28
	<hr/> <hr/>
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3 80
	<hr/> <hr/>
Maximum rate of wages paid attendants:	
Men	\$42 25
Women	36 00
	<hr/> <hr/>
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
	<hr/> <hr/>
Proportion of day attendants to average daily population	1 to 11
Proportion of night attendants to average daily population	1 to 55
Percentage of daily patient population engaged in some kind of useful occupation.....	65
Estimated value of farm and garden products during year	\$22,312 34
Estimated value of articles made or manufactured by patients during year.....	38,044 00
	<hr/> <hr/>

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	5	6	11	....	....	....	....
Mental strain, worry and overwork (not included in above).....	8	6	14	....	1	1	....
Physical:							
Intemperance.....	86	21	107	27	27	54	25
Sexual excess.....	15	2	17	....	1	1	....
Venereal diseases.....	....	9	9	....	....	....	....
Masturbation.....	5	....	5	....	....	....	....
Sunstroke.....	1	....	1	....	....	....	....
Accident or injury.....	8	....	8	....	....	....	....
Parturition and puerperium.....	....	4	4	....	....	....	....
Change of life.....	....	19	19	....	....	....	2
Fevers.....	2	1	3	....	....	....	....
Privation and overwork.	2	3	5	....	....	....	....
Epilepsy.....	9	5	14	3	3	6	1
Old age.....	48	56	104	....	....	....	6
Epidemic influenza.....	1	....	1	....	....	....	....
All other bodily disorders and ill health.....	12	9	21	1	2	3	....
Hereditary.....	9	17	26	53	75	128	81
Congenital defect.....	13	8	21	13	8	21	....
Constitutional inferiority	28	47	75	57	21	78	....
Unascertained.....	29	21	50	20	10	30	....
Not insane.....	6	4	10	....	....	....	....
Total.....	287	238	525	174	148	322	115

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	78	32	14
General paralysis.....	35	.....	28
Senile insanity.....	106	.....	84
Epilepsy with insanity.....	14	3	10
Imbecility, idocy with insanity.....	23	4	5
Other psychoses.....	259	64	66
*Not insane.....	10	.....	.....
Total.....	525	103	207

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT				
	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Under one month.....	18	11	29	.....	1	1	374	272	646	34	22	56
One to three months.....	13	7	20	14	8	22	262	240	502	213	111	324
Three to six months.....	10	8	18	15	14	29	143	153	296	342	294	636
Six to nine months.....	4	5	9	7	5	12	88	77	165	201	190	391
Nine months to one year.....	3	3	6	8	6	14	44	42	86	89	109	198
One year to eighteen months.....	3	8	11	5	5	10	44	47	91	111	108	219
Eighteen months to two years.....	2	.....	2	4	3	7	20	21	41	30	36	66
Two to three years.....	5	3	8	3	1	4	29	24	53	36	33	69
Three to four years.....	.....	.....	.....	2	2	4	7	9	16	20	16	36
Four to five years.....	.....	.....	.....	.....	.....	.....	5	5	10	4	4	8
Five to ten years.....	.....	.....	.....	.....	.....	.....	11	8	19	1	1	2
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	2	4	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	52	24	76	.....	.....	.....
Total.....	58	45	103	58	45	103	1,081	924	2,005	1,081	924	2,005

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				17	8	25
Scarlet fever.....				1		1
Influenza.....				13	15	28
Erysipelas.....		1	1	7	15	22
Septicemia and pyemia..	4	1	5	9	4	13
Dysentery.....				8	18	26
Malarial affections.....					3	3
Syphilis.....					5	5
Tuberculosis.....	15	25	40	195	187	382
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....					1	1
Scurvy, purpura and hæmophilia.....				1		1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....					1	1
Diseases of the stomach..	1		1	4	7	11
Diseases of the intestines.	1	4	5	26	84	110
Diseases of the liver.....				6	6	12
Diseases of the peritoneum.....		2	2	5	9	14
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi..				3	7	10
Diseases of the lungs....	10	19	29	144	126	270
Diseases of the pleura....				2	2	4
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	1	2
Diseases of the heart....	6	9	15	124	150	274
Arterio-sclerosis.....				15	19	34
Aneurism.....				2	2	4

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands: Hodgkin's disease, Addison's disease and myx- œdema				1	1	2
Diseases of the genito- urinary system	4	4	8	33	32	65
Diseases of the nervous system:						
Diseases of the nerves					2	2
Diseases of the spinal cord	1		1	3	4	7
Diseases of the meninges				14	11	25
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	5	2	7	74	103	177
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia)				1		1
Epilepsy	1	1	2	46	31	77
Mental diseases:						
Exhaustion of acute men- tal disease	6	2	8	27	43	70
Exhaustion of chronic mental disease	26	14	40	198	158	356
General paralysis of the insane	22	2	24	351	62	413
The intoxications; heat- stroke; obesity:						
Opium habit				1	1	2
Heat-stroke				3		3
Debility of old age	4	9	13	157	187	344
Accident	3		3	7	3	10
Suicide	1		1	10	3	13
Surgical and gynecologi- cal diseases and dis- eases of the skin					6	6
Malignant new growths or cancer		2	2	6	19	25
Total	110	97	207	1,516	1,336	2,852

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	19	26	45	408	358	766
Maternal branch.....	13	24	37	396	498	894
Paternal and maternal branches.....	9	7	16	140	165	305
Collateral branches....	25	26	51	408	456	864
No hereditary tendency	173	122	295	1,659	1,527	3,186
Unascertained.....	48	33	81	1,863	1,514	3,377
Total.....	287	238	525	4,874	4,518	9,392

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	126	84	210	2,351	1,660	4,011
Married.....	117	85	202	2,023	1,867	3,890
Widowed.....	37	65	102	420	911	1,331
Divorced.....	4	4	8	34	36	70
Unascertained.....	3	.....	3	46	44	90
Total.....	287	238	525	4,874	4,518	9,392

HULSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10.

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	12	3	15	127	22	149
Academic.....	6	14	20	196	201	397
Common school.....	220	143	363	3,467	3,088	6,555
Read and write.....	16	38	54	246	125	371
Read only.....	11	12	23	225	346	571
No education.....	21	28	49	409	460	869
Unascertained.....	1	.....	1	204	276	480
Total.....	287	238	525	4,874	4,518	9,392

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT				
	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Under one month.....	4	3	7	19	7	26	80	94	174			
One to three months.....	16	4	20	14	7	21	139	116	255			
Three to six months.....	13	7	20	9	9	18	109	93	202			
Six to nine months.....	12	3	15	5	4	9	82	69	151			
Nine months to one year.....	2	3	5	8	7	15	56	47	103			
One year to eighteen months.....	15	14	29	5	8	13	186	113	299			
Eighteen months to two years.....	1	5	6	7	5	12	41	30	71			
Two to three years.....	11	11	22	7	6	13	166	140	306			
Three to four years.....	6	12	18	5	8	13	105	98	203			
Four to six years.....	13	6	19	6	7	13	131	103	234			
Six to ten years.....	6	5	11	6	16	22	95	80	175			
Ten to twenty years.....	6	18	24	19	13	32	167	209	376			
Twenty years and over.....	5	6	11	.....	.....	.....	143	129	272
Unascertained.....	.....	.....	.....	.....	.....	.....	16	15	31
Total.....	110	97	207	110	97	207	1,516	1,336	2,852			
Average duration of insane life (years and tenths).....				9	12.76	10.88				9	11	10

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...					1	1
From 10 to 15 years...				12	11	23
From 15 to 20 years...	10	3	13	161	124	285
From 20 to 25 years...	22	21	43	372	323	695
From 25 to 30 years...	32	28	60	564	476	1,040
From 30 to 35 years...	29	21	50	586	490	1,076
From 35 to 40 years...	32	27	59	619	486	1,105
From 40 to 50 years...	67	45	112	1,025	943	1,968
From 50 to 60 years...	38	31	69	717	720	1,437
From 60 to 70 years...	31	33	64	446	511	957
From 70 to 80 years...	21	17	38	306	316	622
From 80 to 90 years...	5	11	16	60	109	169
From 90 to 100 years...		1	1	6	8	14
Total.....	287	238	525	4,874	4,518	9,392

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	1	.....	1	51	42	93
From 20 to 30 years...	13	10	23	294	259	553
From 30 to 40 years...	20	17	37	301	274	575
From 40 to 50 years...	6	13	19	242	198	440
From 50 to 60 years...	16	3	19	142	119	261
From 60 to 70 years...	2	2	4	45	28	73
From 70 to 80 years...	.....	.....	.....	6	4	10
Total.....	58	45	103	1,081	924	2,005

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....						
From 15 to 20 years.....				9	9	18
From 20 to 25 years....	1	4	5	39	42	81
From 25 to 30 years....	4	2	6	71	54	125
From 30 to 35 years....	8	4	12	95	77	172
From 35 to 40 years....	4	5	9	130	84	214
From 40 to 50 years....	26	15	41	304	210	514
From 50 to 60 years....	20	15	35	266	227	493
From 60 to 70 years....	25	29	54	272	282	554
From 70 to 80 years....	15	13	28	254	231	485
From 80 to 90 years....	7	8	15	71	104	175
From 90 to 100 years....		2	2	5	16	21
Total.....	110	97	207	1,516	1,336	2,852

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	63	32	95
One to three months.....	41	24	65
Three to six months.....	33	26	59
Six to nine months.....	25	20	45
Nine months to one year.....	5	13	18
One year to eighteen months.....	23	17	40
Eighteen months to two years.....	2	4	6
Two to three years.....	14	19	33
Three to four years.....	5	13	18
Four to five years.....	12	9	21
Five to ten years.....	22	19	41
Ten to fifteen years.....	7	12	19
Fifteen to twenty years.....	3	2	5
Twenty to thirty years.....	1	3	4
Thirty years and upwards.....		7	7
Not insane.....	6	4	10
Unascertained.....	25	14	39
Total.....	287	238	525

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	19	18	37
One to three months	53	38	91
Three to six months	46	40	86
Six to nine months	24	43	67
Nine months to one year	36	44	80
One year to eighteen months	38	51	89
Eighteen months to two years	61	64	125
Two to three years	86	75	161
Three to four years	76	70	146
Four to five years	69	93	162
Five to ten years	216	288	504
Ten to fifteen years	262	289	551
Fifteen to twenty years	118	60	178
Twenty to thirty years	3	8	11
Thirty years and upwards	2	3	5
Not insane*	1	.....	1
Total	1,110	1,184	2,294

* Includes cases of alcoholism, morphia habit, etc.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE NO. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc...	7	.....	7	185	.....	185
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	46	.....	46	716	.....	716
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	38	.....	38	622	.....	622
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	61	.....	61	816	.....	816
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	21	.....	21	517	.....	517
Domestic service:						
Waiters, cooks, servants, etc.....	8	80	88	120	1,522	1,642
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	1	92	93	31	2,161	2,192
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	5	5	.....	68	68

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		20	20	.....	400	400
Miners, seamen, etc.....	1	.....	1	16	.....	16
Prostitutes.....		1	1	.....	6	6
Laborers.....	79	.....	79	1,558	.....	1,558
No occupation.....	17	34	51	248	309	557
Unascertained.....	8	6	14	45	52	97
Total.....	287	238	525	4,874	4,518	9,392

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				1		1
Armenia.....				1	1	2
Austria.....	3	3	6	39	25	64
Bavaria.....				1	1	2
Bahama Islands.....				1		1
Bohemia.....				5	2	7
Belgium.....				2		2
Canada.....		2	2	72	75	147
Cuba.....				1	6	7
Denmark.....	1		1	11	13	24
England.....	11	5	16	147	105	252
Finland.....	2	2	4	4	7	11
France.....	1	1	2	25	19	44
Germany.....	13	11	24	321	367	688
Greece.....				3		3
Holland.....	1		1	8	4	12
Hungary.....	2	2	4	21	15	36
Ireland.....	30	38	68	667	1,066	1,733
Italy.....	8	1	9	56	24	80
India.....				2	1	3
Japan.....				2		2
Mexico.....				2		2
Norway.....				7	3	10
New Brunswick.....				1	3	4
Nova Scotia.....				3	3	6
Philippine Islands.....				1		1
Poland.....	2	4	6	27	23	50
Russia.....	3	1	4	46	25	71
Scotland.....	2	3	5	37	37	74
Sweden.....	2		2	18	32	50
Switzerland.....	1		1	18	14	32
Wales.....	1		1	10	8	18
West Indies.....	2		2	7	1	8
United States.....	202	165	367	3,231	2,564	5,795
Unascertained.....				76	74	150
	287	238	525	4,874	4,518	9,392

Of the total number admitted since the 1st of October, 1888, the parents of 53.33 per cent were both of foreign birth.

In 4.06 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.50 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....	100		100
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....	35		35
Cortland.....			
Delaware.....			
Dutchess.....	116		116
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....	16	1	17
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1		1
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	6	1	7
Niagara.....			
Oneida.....	1		1
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....	9		9
Queens.....			
Rensselaer.....	85		85
Richmond.....			
Rockland.....			

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....	1	1	2
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....	18		18
Wayne.....			
Westchester.....	133	1	134
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	521	4	525

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany	188	250	438	2	3	5
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....				1		1
Chenango.....						
Clinton.....	1		1			
Columbia.....	57	58	115	1	1	2
Cortland.....						
Delaware.....		1	1			
Dutchess.....	187	168	355	4	4	8
Erie.....	1		1			
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....	36	33	69		1	1
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	4	4	8	1		1
Lewis.....						
Livingston.....						
Madison.....						
Monroe.....						
Montgomery.....						
New York.....	12	89	101	3	4	7
Niagara.....						
Oneida.....						
Onondaga.....		1	1			
Ontario.....						
Orange.....	1	4	5			
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....	25	23	48			
Queens.....	23	12	35			
Rensselaer.....	199	216	415		1	1
Richmond.....	30	10	40			

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....	1	.....	1	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	2	4	6	.....	.....	.....
Schenectady.....	.....	.....	.....	.....	.....	.....
Schoharie.....	1	.....	1	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....
Sereca.....	.....	.....	.....	.....	.....	.....
Steuben.....	.....	.....	.....	.....	.....	.....
Suffolk.....	9	7	16	.....	.....	.....
Sullivan.....	.....	.....	.....	.....	.....	.....
Tioga.....	.....	.....	.....	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....
Ulster.....	21	23	44	.....	.....	.....
Warren.....	.....	.....	.....	.....	.....	.....
Washington.....	29	27	56	.....	.....	.....
Wayne.....	.....	.....	.....	.....	.....	.....
Westchester.....	270	231	501	1	9	10
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	1,097	1,161	2,258	13	23	36

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE STEWARD

To the Acting Medical Superintendent:

The following report of farm and garden products and farm stock on hand for the year ended September 30, 1906, is respectfully submitted:

Asparagus, bunches	1,673
Beets, bunches	2,340
Beets, bushels	4,662
Beet greens, bushels	59
Beans, Lima, bushels	262
Beans, string, bushels	1,258
Brussels sprouts, bushels	10
Cucumbers, bushels	563
Cucumber pickles	50,865
Corn, sweet, ears	90,775
Cabbage, pounds	277,877
Celery, heads	23,289
Cauliflower, heads	360
Carrots, bushels	1,520
Egg plant, pounds	634
Horse radish, bunches	447
Kale, bunches	10
Lettuce, bushels	950½
Leeks, bunches	100
Mint, bunches	325
Onions, bunches	27,810
Onions, late, bushels	840½
Parsley, bushels	2
Parsley, bunches	10,255
Peppers, green, bushels	237
Peppers, red, bushels	20
Parsnips, bushels	516
Peas, bushels	681
Pumpkins, pounds	8,305
Rhubarb, pounds	7,792
Rhubarb, bunches	100
Radishes, bunches	6,930

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Radishes, bushels	293
Squash, summer and late, pounds	11,540
Spinach, bushels	96
Tomatoes, ripe, bushels	3,632
Tomatoes, green, bushels	488½
Turnips, bushels	4,662

FRESH FRUITS

Apples, eating, bushels	77
Apples, crab, bushels	5½
Blackberries, quarts.	741
Currants, quarts	972
Grapes, pounds.	7,605
Melons, water	204
Melons, musk	1,098
Pears, bushels	33½
Strawberries, quarts	8,251

MEATS

Calves sold	37
Heads	5
Beef, pounds	2,640
Chickens, pounds	136
Hides, pounds	375
Fat, pounds	74

DAIRY PRODUCTS

Eggs, dozens	446 ⅝
Milk, quarts	165,102

GRAIN, HAY AND STRAW

Oats, bushels	698
Hay, pounds	210,797
Straw, rye, tons	16
Straw, oats, tons	59
Ensilage, pounds	361,260

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

LIVE STOCK

Horses	31
Cows	61
Heifers, two-year-olds	4
Heifers, one-year-olds	10
Heifer calves	23
Bulls	2
Hens	85
Pigs	25

MAINTENANCE PER CAPITA COST PER WEEK

	Payments	Per capita cost
For officers' salaries	\$16,153 84	.1368
For wages	166,816 48	1.4130
For provisions and stores	143,425 20	1.2149
For ordinary repairs	11,088 95	.0939
For farm and grounds	12,555 40	.1063
For clothing	16,215 77	.1373
For furniture and bedding	14,766 08	.1250
For books and stationery	2,654 49	.0224
For fuel and light	45,934 99	.3891
For medical supplies	2,823 01	.0239
Miscellaneous expenses	11,866 17	.1005
Transportation of patients	4,844 01	.0410
	<hr/>	<hr/>
	\$449,144 39	3.804
Materials for which hospital is reim- bursed	369 28	
	<hr/>	<hr/>
Total	\$449,513 67	
	<hr/>	<hr/>
Per capita cost for 1906		3.80

GEO. R. FINTON

Steward

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

MANAGERS OF THE HUDSON RIVER STATE HOSPITAL

[The first meeting of the Board of Managers was held March 28, 1867]

NAME	Residence	Commencement of term	Expiration of term	Remarks
Abiah W. Palmer	Amenia	March 19, 1867	March 19, 1873	
William Kelly	Rhinebeck	March 19, 1867	March 19, 1873	
Cornelius R. Agnew	New York	March 19, 1867	March 19, 1873	
Amasa J. Parker	Albany	March 19, 1867	March 19, 1872	Reappointed May, 1872. Died 1868.
Dr. A. Cook Hull	Brooklyn	March 19, 1867	March 19, 1872	
Edward L. Beadle	Poughkeepsie	March 19, 1867	March 19, 1871	Reappointed February, 1871. Mr. Tallman met with managers at their first meeting, but resigned before next meeting and did not qualify.
George Clark	Newburgh	March 19, 1867	March 19, 1871	
Joseph Howland	Fishkill	March 19, 1867	March 19, 1871	
John P. H. Tallman	Poughkeepsie	March 19, 1867	March 19, 1871	
Cornelius Du Bois	Poughkeepsie	March 19, 1867	March 19, 1871	
Dr. William C. Benedict	Brooklyn	July 29, 1868	January 25, 1869	In place of Mr. Tallman.
Joseph Howland	Fishkill	February 16, 1871	February 16, 1877	In place of Dr. Cook Hull, deceased.
Odell S. Hathaway	Newburgh	March 2, 1871	March 2, 1877	Reappointed; deceased.
Charles Wheaton	Poughkeepsie	March 2, 1871	March 2, 1877	In place of George Clark, term expired.
James Roosevelt	Hyde Park	May 11, 1872	March 19, 1878	In place of Cornelius Du Bois, term expired.
James Roosevelt	Hyde Park	April 16, 1873	Resigned	Reappointed to succeed himself.
Amasa J. Parker	Albany	May 9, 1872	May 2, 1878	Reappointed to succeed himself.
Dr. Frederick D. Lente	Cold Spring	May 11, 1872	May 11, 1878	In place of Dr. Benedict, term expired.
Edward L. Beadle	Poughkeepsie	May 11, 1872	May 11, 1878	Reappointed to succeed himself.
Abiah W. Palmer	Amenia	April 13, 1874	April 16, 1879	Died April 16, 1879.
Thomas Newbold	Poughkeepsie	February 26, 1877	April 25, 1883	In place of James Roosevelt, resigned.
Charles F. Brown	Newburgh	July 26, 1877	July 25, 1883	In place of Odell S. Hathaway, resigned.
Joseph Howland	Fishkill	July 26, 1877	July 25, 1883	Reappointed to succeed himself.
Charles Wheaton	Poughkeepsie	July 26, 1877	July 25, 1883	Reappointed to succeed himself.
Cornelius R. Agnew	New York	April 16, 1873	April 16, 1879	Reappointed to succeed himself.
Amasa J. Parker, Jr.	Albany	April 7, 1881	April 7, 1887	In place of Amasa J. Parker, resigned.
Jacob B. Carpenter	Little Rest	April 7, 1881	April 7, 1887	In place of A. W. Palmer, deceased.
John I. Platt	Poughkeepsie	April 7, 1881	April 7, 1887	In place of E. L. Beadle.
Charles H. Stoff, Jr.	Stoughtonville	April 7, 1881	April 7, 1887	In place of Thomas Newbold.
Willard H. Mase	Mattewan	April 7, 1881	April 7, 1887	In place of F. D. Lente.
Cornelius R. Agnew	New York	April 7, 1881	April 7, 1887	Reappointed to succeed himself.
William Bergh Kipp	Rhinebeck	September 13, 1882	September 13, 1888	In place of Joseph Howland, resigned.
Cornelius R. Agnew	New York	May 21, 1883	May 21, 1889	Reappointed.
James Roosevelt	Hyde Park	February 21, 1883	February 21, 1889	In place of W. B. Kipp.
David B. Williamson	Dobbs Ferry	February 21, 1883	February 21, 1889	In place of C. F. Brown.
Henry W. Gilbert	Poughkeepsie	March 24, 1885	Resigned	In place of Charles Wheaton, term expired

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

	26, 1887	February 21, 1889	In place of D. B. Williamson, deceased. In place of H. W. Gilbert, resigned. Reappointed to succeed himself. In place of C. B. Agnew, deceased.
Charles P. McClelland	January 24, 1888	April 24, 1894	In place of J. B. Carpenter, resigned. Reappointed to succeed himself.
Frank B. Lown	April 24, 1888	May 9, 1894	Reappointed to succeed himself. Died 1894.
Amasa J. Parker, Jr.	May 9, 1888	May 10, 1894	Reappointed to succeed himself.
Dr. George F. Shady	May 9, 1888		Reappointed to succeed himself.
John Sherry	August 17, 1892	January 10, 1896	Reappointed to succeed himself.
Lewis S. Chanler	January 10, 1893	December 31, 1896	Reappointed to succeed himself.
Lewis S. Chanler	January 10, 1893	December 31, 1896	Reappointed to succeed himself.
James Roosevelt	January 19, 1893	December 31, 1896	Reappointed to succeed himself.
William H. Muse	January 19, 1893	December 31, 1896	Reappointed to succeed himself.
Lewis S. Chanler	January 19, 1893	December 31, 1896	Reappointed to succeed himself.
Frank B. Lown	January 19, 1893	December 31, 1896	Reappointed to succeed himself.
Hudson Taylor	March 7, 1894	December 31, 1896	Reappointed to succeed himself.
John Sherry	March 7, 1894	December 31, 1896	Reappointed to succeed himself.
Charles P. McClelland	March 7, 1894	December 31, 1896	Reappointed to succeed himself.
Eugene N. Howell	January 10, 1895	December 31, 1896	Reappointed to succeed himself.
Dr. George F. Shady	January 10, 1895	December 31, 1896	Reappointed to succeed himself.
Francis N. Mann	January 16, 1896	December 31, 1896	Reappointed to succeed himself.
Henry M. Taylor	January 16, 1896	December 31, 1896	Reappointed to succeed himself.
Amasa J. Parker	January 16, 1896	December 31, 1896	Reappointed to succeed himself.

- Under the provisions of section 31 of the Insanity Law, passed in 1896, the Governor appointed the following board of Managers for the term commencing January 1, 1897:

	1, 1897	December 31, 1897	Term one year.
Myra H. Avery	January 1, 1897	December 31, 1898	Term of two years in place of Amasa J. Parker, who declined another term.
Lewis R. Parker	January 1, 1897	December 31, 1899	Term of three years.
Catharine A. Newbold	January 1, 1897	December 31, 1900	Term of four years.
Eugene N. Howell	January 1, 1897	December 31, 1901	Term of five years.
Hudson Taylor	January 1, 1897	December 31, 1902	Term of six years.
Frank B. Lown	January 1, 1897	Resigned	Term of seven years.
Henry M. Taylor	January 22, 1897	January 25, 1898	In place of Henry M. Taylor, resigned.
Isaac W. Sherrill	January 22, 1897	December 31, 1903	Reappointed to succeed himself.
Grace Carpenter	January 16, 1898	December 31, 1904	Reappointed to succeed himself.
James Roosevelt	February 1, 1899	December 31, 1905	In place of Myra H. Avery, term expired.
Lewis R. Parker	April 12, 1899	December 31, 1906	Reappointed to succeed himself.
Catharine A. Newbold	January 18, 1900	December 31, 1906	Reappointed to succeed himself.
Grace Milnor Hine	January 18, 1901	December 31, 1907	In place of E. N. Howell, term expired.
John Sherry	September 27, 1901		In place of Grace Carpenter, resigned.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Board of Visitors

Under the provisions of section 31 of the Insanity Law, as amended by chapters 26, 130 and 131 of the Laws of 1902, the Governor appointed the following board of visitors:

ISAAC W. SHERRILL, Poughkeepsie.
 CATHERINE A. NEWBOLD, Poughkeepsie.
 AUGUSTUS B. GRAY, Poughkeepsie.
 REGINALD W. RIVES, Poughkeepsie.
 GEORGE M. HINE, Poughkeepsie.

As provided in chapter 490, Laws of 1905, the board of visitors was discontinued and the Governor appointed the following board of managers:

ISAAC W. SHERRILL, Poughkeepsie.
 REGINALD W. RIVES, Secretary, New Hamburg.
 GEORGE M. HINE, Poughkeepsie.
 MISS CATHERINE A. NEWBOLD, Poughkeepsie.
 MRS. GRACE SCHENCK WARD, Albany.
 WILLIAM D. GRANGER, M. D., Bronxville.
 WILLIAM F. GURLEY, Troy.

Treasurers

NAME	Date of appointment	Expiration of term
James H. Weeks.....	Jan. 29, 1867	Jan. 1, 1882
Richard Kenworthy*.....	Jan. 1, 1882	Feb. —, 1888
Henry W. Gilbert.....	Mar. —, 1888	July 1, 1890
Allison Butts.....	July 1, 1890	March 31, 1902
Charles W. Pilgrim, M. D.....	April 1, 1902	Sept. 30, 1906

* Died.

Attorneys

NAME	Date of appointment	Expiration of term
Henry M. Taylor.....	July 1, 1897	Jan. 15, 1902
James L. Williams.....	Jan. 15, 1902	.....

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT
Superintendents

NAME	Appointed	Resigned
Joseph M. Cleveland, M. D.	Mar. 28, 1866	March 28, 1893
Charles W. Pilgrim, M. D.	May 1, 1893	.....

Stewards

NAME	Appointed	Resigned
Robert Roberts*	Sept. 8, 1870	Feb. 12, 1885
James M. Morrison	May 6, 1885	Aug. 6, 1885
D. Porter Lord	Dec. 1, 1885	Aug. 1, 1898
Louis P. Gillespie	July 1, 1898	Aug. 15, 1905
George R. Finton	Aug. 1, 1906	.....

*Died

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

Physicians

NAME	Appointed	Resigned
A. O. Kellogg, M. D.	1871	1884
Charles H. Langdon, M. D.	1875	1880
J. Leonard Corning, M. D.	1878	1882
C. H. Langdon, M. D.*	1882	1905
Frederick Peterson, M. D.	1884	1888
Charles E. Atwood, M. D.	1884	1888
Theo. H. Kellogg, M. D.	1888	1891
Paul E. Tieman, M. D.	1889	1890
Francis E. Scratchley, M. D.	1889	1890
J. Elvin Courtney, M. D.	1890	1891
John J. Kindred, M. D.	1890	1891
Ralph W. Parsons, M. D.	1890	1893
Caroline M. Pease, M. D.	1890	1894
Selwyn A. Russell, M. D.	1891	1894
Isham G. Harris, M. D.	1891	....
Thomas E. Bamford, M. D.	1893	1904
J. Elvin Courtney, M. D.	1894	1901
Emma Putnam, M. D.	1894	1906
Paul A. Phillips, M. D.	1894	1896
F. A. Williams, M. D.	1895	1895
H. E. Baright, M. D.	1895	1897
Frederick J. Mann, M. D.	1895	1899
J. O. Stranahan, M. D.	1896	1900
Frederick T. Clark, M. D.	1897	1900
Clarence J. Slocum, M. D.	1897	1900
Samuel F. Mellen, M. D.	1900	.....
John G. Elliott, M. D.*	1900	1902
Louis T. Waldo, M. D.	1900	1901
Edward L. Hanes, M. D.	1901	1904
Wm. J. Cavanaugh, M. D.	1902	.....
B. Ross Nairn, M. D.	1902	1904
Frederick W. Parsons, M. D.	1903	.....
Mark L. Fleming, M. D.	1904	1906
Clinton J. Hyde, M. D.	1904	.....
Elbert D. B. Loughran, M. D.	1904	1906
Adelbert C. Matthews, M. D.	1905	.....
Dean Miltimore, M. D.	1906	.....
Ruth Demarest, M. D.	1906	.....
Willis E. Merriman, M. D.	1906	.....

*Died.

THIRTY-SIXTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Middletown State Homeopathic Hospital

AT MIDDLETOWN

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS BOARD OF MANAGERS

	Term expires
JAMES B. CARSON, Middletown.....	December 31, 1906
(Vacancy)	December 31, 1907
MISS ALICE LARKIN, The Dakota, 1 West Seventy-second street, New York city.....	December 31, 1908
MRS. HARRIET A. DILLINGHAM, 8 West Forty- ninth street, New York city.....	December 31, 1909
IRA L. CASE, Secretary, Middletown.....	December 31, 1910
WILLIAM H. ROGERS, President, Middletown.	December 31, 1911
GEORGE B. ADAMS.....	December 31, 1912

Attorney

HON. JOHN B. SWEZEY.....	Goshen
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OFFICERS

MAURICE C. ASHLEY, M. D.....	Medical Superintendent
ROBERT C. WOODMAN, M. D.....	First Assistant Physician
GEORGE F. BREWSTER, M. D.....	Second Assistant Physician
ROY E. MITCHELL, M. D.....	Assistant Physician
ARTHUR S. MOORE, M. D.....	Junior Physician
CLARA BARRUS, M. D.....	Woman Assistant Physician
HENRY J. LEONARD.....	Steward
MRS. LUCY T. JUDSON.....	Matron

Medical Internes

HARRY V. BINGHAM, M. D.	NELSON W. THOMPSON, M. D.
HARRY B. BALLOU, M. D.	

Supervisors

WILBER E. COOK	MISS D. W. COMSTOCK
MRS. WILBER E. COOK	MISS IRENE BENJAMIN

REPORT OF MANAGERS

To the State Commission in Lunacy:

Gentlemen — In compliance with the statutory requirements the board of managers of the Middletown State Homeopathic Hospital submit their 36th annual report of the operation and management of the hospital for the year ending September 30, 1906. The superintendent's report, the treasurer's report, the statistical tables, the bureau of information, and the industrial reports are also incorporated in the report of the managers.

MEETINGS

The annual meeting of the board was held at the hospital October 16, 1905, at which William H. Rogers, of Middletown, was elected president and Ira L. Case, of Middletown, secretary. Monthly meetings were held at the hospital with the exception of the month of June, during which two meetings were held.

INSPECTIONS

At the meetings which have been held the board has given careful attention to the condition of the hospital and its members have inspected its wards and apartments, laundry, farm, etc., during these visits and on other occasions. The excellent condition in which the institution and everything pertaining thereto has always been found, together with the uniform attention that is given to the care and comfort of the inmates, is very satisfactory to the board. The general appearance of the inmates also furnishes evidence that they are well clothed and fed and that they are made as comfortable as their condition will permit.

NEW BUILDING

The new building now in course of construction for the chronic insane is progressing nicely. When finished this building will accommodate about 500 and will be a great addition, increasing the capacity of our institution about 40 per cent. The building is well and conveniently located, and will add materially to the comfort of that portion of our inmates whose condition changes slowly.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT PATIENTS

The records of the year as compiled by the superintendent show that there were in the hospital October 1, 1905, 1,286 patients, of whom 588 were men and 698 women; there were received during the year 242 patients, 122 of whom were men and 120 were women; 220 patients were discharged, 42 men and 36 women as recovered, 26 men and 35 women as improved; 8 men and 8 women as unimproved; 1 woman as not insane; and 38 men and 26 women died. There remains under treatment at the end of the year 596 men and 712 women, a total of 1,308 patients.

PERSONAL FREEDOM

A commendable feature of the hospital management is the large number of "open wards" which allow the milder patients outdoor privileges and liberties, which gives them a liberal amount of exercise and fresh air, thus strengthening and improving them both physically and mentally. A large number of the patients are regular helpers in the laundry, work-rooms, gardens, and upon the farm, and under proper direction perform labor of considerable value to the institution while being themselves benefited by the occupation.

MAINTENANCE

The cost of maintaining the hospital for the year ending September 30, 1906, as shown by the treasurer's report was \$243,865.85. Under the systematic method practiced in the steward's office the disbursements are arranged under 12 headings as follows:

	Annual per capita	Total cost
Officers' salaries	\$12.314	\$15,934 76
Wages	71.844	92,965 93
Provisions and stores.....	62.800	81,262 08
Ordinary repairs	4.532	5,865 39
Farm and grounds	4.961	6,418 98
Clothing	3.851	4,983 71
Furniture and bedding	5.976	7,733 37
Books and stationery .....	.998	1,291 92
Fuel and light.....	15.779	20,417 53
Medical supplies .....	.947	1,225 08
Miscellaneous expenses	3.545	4,587 09
Transportation of patients .....	.903	1,168 01
Total	\$188.450	\$243,853 85

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT IMPROVEMENTS

On recommendation made by the board of managers and approved by the State Commission in Lunacy the Legislature of 1906 made the following appropriations:

For enlarging ice house.....	\$1,000 00
For two new boilers to heat chronic building....	9,000 00
For new carriage house and stable.....	2,500 00
For alterations in present stable to convert it to workshop	1,000 00
For cottage for patients and employees suffering from contagious diseases.....	2,500 00

Of these appropriations several have already been expended for the purposes designated. Plans are now being prepared for the new carriage house and stable, which will be erected by the hospital mechanics. The work, however, will not be commenced until next spring.

The foundation is completed and the larger portion of the concrete blocks are finished for the ice house. This work is being done by the hospital force.

Nothing has yet been done in the alteration of the present stable to convert it into a workshop. Before anything is done in this building we would like to move the building to a more suitable location, for which an appropriation is asked.

The State architect is at present working on plans for the building for patients and employees suffering from contagious diseases.

The work of rewiring Talcott hall, annexes 1 and 2, and the chapel, is nearly completed, also the work of renovating the kitchen.

For a detailed list of other work done and improvements made during the year, your attention is invited to the superintendent's and the industrial reports.

OUR NEEDS AND ESTIMATED COST OF SAME

For removing carriage house to new location...	\$1,500 00
For new piggery	4,000 00
For solarium, and sitting rooms on annexes 1 and 2	20,000 00
For walk and gutter on Monhagen avenue.....	1,200 00

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

For fence on Monhagen avenue.....	\$1,000 00
For laundry equipment	8,000 00
For furniture and equipment, new chronic building	26,750 00
For grading and walks about chronic building..	1,700 00
For changing railroad switch.....	3,000 00
For enlarging the amusement hall.....	10,000 00
To reduce and repair reservoir.....	500 00
To conduct steam to female nurses' home and two cottages	3,000 00
To conduct steam to male nurses' home and farmer's cottage	3,000 00
To convert old ice house into shed and storage barn	500 00
For moving cottages (3) to new sites.....	2,000 00
For accommodations for nurses and employees..	60,000 00
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Total	\$146,150 00
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For reasons for making the foregoing recommendations, you are respectfully referred to the superintendent's report.

CONCLUSION

We desire to express our gratitude to the officers and members of the State Commission in Lunacy for the many courtesies shown and valuable suggestions made. We also commend the officers and employees of the hospital for the excellent order and economical management of every department of the institution.

Respectfully submitted,

WILLIAM H. ROGERS
 JAMES B. CARSON
 HARRIET A. DILLINGHAM
 ALICE LARKIN
 GEORGE B. ADAMS
 IRA L. CASE

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

Ladies and Gentlemen — I have the honor of presenting to you the 36th annual report of the medical superintendent and treasurer of the Middletown State Homeopathic Hospital for the year closing September 30, 1906. With this report will also be found the statistical tables, the reports of the chiefs of departments, and the bureau of information.

The Insanity Law, as amended by chapter 490, Laws of 1905, among other things provides that the State Commission in Lunacy may designate a person in its office to act as treasurer for all the hospitals. The Commission having exercised this right and designated Carroll F. Smith to act as treasurer for all the hospitals, my duties as such officer ceased on the 30th day of September.

Concerning the movement of the patient population of the hospital for the year, I would respectfully refer you to the following table:

	Men	Women	Total
Remaining October 1, 1905	588	698	1,286
Admitted during the year ending September 30, 1906	122	120	242
On original commitments:			
From residences	116	112	228
From county houses on original commitments	2	2	4
By transfers from other institutions for insane	4	6	10
Total number under treatment during the year	710	818	1,528
Daily average population	586	708	1,294
Capacity of institution	597	625	1,222
<hr/>			
Discharged during the year:			
As recovered	42	36	78
As improved	26	35	61
As unimproved	8	8	16
As not insane	1	1
Died	38	26	64
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Whole number discharged during the			
year	114	106	220
Remaining October 1, 1906	596	712	1,308
	<u> </u>	<u> </u>	<u> </u>

PERCENTAGES

Percentage of recoveries on number admitted	33.72
Percentage of recoveries on daily average population . .	6.19
Percentage of recoveries on whole number treated . . .	5.17
Percentage of recoveries on number discharged	35.40
Percentage of recoveries on number discharged, exclusive of deaths, inebriates and transferred	50.98
Percentage of deaths on number admitted	27.23
Percentage of deaths on daily average population . . .	5.07
Percentage of deaths on whole number treated	4.26
Percentage of deaths on number discharged	28.93

AGES OF THOSE ADMITTED

Of the 242 patients admitted, 84 were more than 50 years of age. Of this number, 44 were past 60, 19 were more than 70, and six were more than 80 years of age.

AGES OF THOSE WHO DIED

Of the 64 patients who died 42 were more than 50 years of age. Of this number, 27 were more than 60, 13 were past 70, and two were more than 80 years of age.

RECOVERIES AND DEATHS

Of the 77 patients discharged as recovered during the year 23 had been insane from one to three months, 23 from three to six months, 11 from six to nine months, seven one year, and 14 two years and over, the average duration of insanity prior to admission being eight months.

We feel gratified that we are able to discharge as cured one-third of the patients admitted during the year. Of the whole number discharged a little more than 35 per cent were recovered.

Sixty-four patients died during the year as against 80 the previous year with about the same number treated. A death rate on the whole number treated of but 4.26 per cent and 5.07 per

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT
cent on the daily average population is, we believe, reasonably low.

Of the 64 patients who died during the year 40 had been under treatment in the hospital more than two years, 35 more than three years, 40 more than four years, 28 more than six years, and 16 more than 10 years.

Of the 64 patients who died, two were over 80 years of age, 13 were over 70, 27 were over 60, 42 were over 50, 52 were over 40, and 12 were under 40.

While we are gratified with this low death rate, which is lower than it was last or the previous year, and that over one-third of the total number discharged were recovered, we are continuing our efforts to increase the recovery rate and to lessen, if possible, the death rate.

DISPOSITION OF THOSE DISCHARGED

During the year 220 patients have been discharged. Of this number 64 died. 78 were discharged as recovered and returned to their homes. 61 patients were discharged as improved; of this number 59 returned to their homes, two were deported — one to Sweden and one to Ireland. 16 patients were discharged as unimproved; 14 to the custody of friends, one was transferred to another institution, and one was deported to Germany. One patient was discharged as not insane. One patient was sent to another state as a non-resident of New York state.

A SUICIDE

On the morning of August 31st, after a residence in the hospital of eight years, patient Miss J. R., Case No. 5242, succeeded in destroying her life by strangulation. The patient was believed to be suicidal, and it seemed that every precaution had been taken to prevent her from taking her life. The nurses and others who were charged with her care had been repeatedly cautioned not to leave the patient alone, or to leave means of suicide within her reach. She was cared for in one of the hospital wards both day and night, and we believe carefully watched. On the morning of August 31st, at about five o'clock, she went to the toilet, adjoining the hospital ward, with a sheet concealed under her night clothes, which she quickly wound about her neck, and putting a loop over a clothes hook and holding the ends of the sheet between

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her teeth she stepped off a pail on which she was standing, and died from strangulation. Although she was found within a few minutes all efforts at resuscitation failed. The coroner was notified and came to the hospital, and after investigating the matter rendered a verdict in accordance with the facts, and exonerated the hospital management from blame.

STAFF MEETINGS

Interest in the medical work has been kept up throughout the year. Staff meetings have been held daily, Sundays excepted. At these meetings the medical officers have reported to the superintendent the condition of the patients in their several services, mentioning all changes of importance in both the mental and physical condition of the patients, discipline of employees, and, in fact, all matters requiring attention and of medical interest.

Case records have been thoroughly written up and read at the staff meetings. Discussion of the case in each instance has followed, with profit to the staff and with benefit to the patient.

The staff meetings are, I believe, essential to building up and maintaining interest in the medical work of the service. Probably nothing does more to prevent young physicians from acquiring the so-called institutional habit of indifference and routine than does the daily staff meetings, where they are required to give evidence of satisfactory interest in their duties.

PATHOLOGICAL WORK

The work in the laboratory has been carried on by members of the staff, supplemented by the assistance of F. M. Barnes, Jr., a medical student of this city, and has been conducted on a practical clinical basis. As a matter of routine, an examination of the urine is made as a part of the physical examination of each patient on admission. Specimens are examined from such other patients as the attending physicians may deem advisable. During the year about 400 analyses have been made, practically all of them being 24-hour specimens.

The other clinical work done in the laboratory may be summarized as follows: Examinations of sputum, 33; examinations of stomach contents, nine; examinations of blood, 16; examinations subdural fluid obtained by spinal puncture, 31; examinations of other clinical material, such as pus, currettings, et cetera, 34.

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Several important additions have been made to the laboratory apparatus during the year, making it possible to do much more thorough and complete analyses in all branches of the work.

The autopsy work and work in microscopical pathological anatomy have been conducted with the co-operation of all of the physicians. This is attested by the fact that with 64 deaths during the year autopsies have been performed in 33 cases, or 51.6 per cent. As a result of these autopsies 11 brains have been sent to the Pathological Institute for examination; 29 gross specimens have been added to the hospital museum, and about 1,100 slides have been prepared and preserved for microscopical examination and reference. In connection with each autopsy record, a very complete abstract of the case is filed, with a description of the microscopical and gross specimens preserved.

Card indexes are kept for all microscopical specimens, gross specimens, and autopsies, with cross references. There is also a card index for all specimens arranged according to diagnosis. These indexes make all specimens easily available for study and reference.

Several additions have been made to the apparatus in connection with this branch of the work, and considerable progress has been made, considering the time available for these duties.

PHYSICIAN AT THE PATHOLOGICAL INSTITUTE

As has been the custom for the past three years, a member of the medical staff took a course of instruction covering a period of three months at the Pathological Institute. Dr. Mitchell found the work not only very instructive but interesting, and at the completion of his studies there returned to the hospital with much useful knowledge of the pathology of psychiatry, and of methods of preparation and study of pathological specimens, which he has as far as possible shared with the other members of the staff, and as a result we are accumulating many excellent and valuable pathological specimens, as well as acquiring some very interesting and instructive information.

CONFERENCE OF HOSPITAL PHYSICIANS

The first conference between the Pathological Institute and the assistant physicians at the State hospitals in the eastern part of New York state was held at this hospital on December 20–21, 1905. Besides the representatives of the Pathological Institute,

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medical inspector Dr. William L. Russell, and Dr. Brocks, of Westboro, Mass., there were representatives from the Hudson River, Matteawan, Kings Park, and Central Islip State Hospitals present.

The first session was held on the afternoon of the 20th. After a brief address of welcome by the superintendent to the visiting physicians and stating the object of the meeting, Dr. Brewster presented several cases in which the diagnosis between manic-depressive insanity and dementia præcox was doubtful. Dr. Pashayan, of Kings Park, read a paper on two cases of chronic mania, and a case of acromegaly was demonstrated.

The evening session was given over to pathological topics. Dr. Mitchell reviewed the autopsy work of the hospital, and Dr. Meyer presented specimens and drawings of specimens furnished to the Institute from the material of this hospital.

The specimens shown by Dr. Meyer were to demonstrate that the so-called external saggital marrow is the optic radiation and not an association bundle for the temporal lobe, as has been widely taught. Another specimen showed an irregular degeneration of the whole cerebral cortex, with hundreds of minute softenings due to advanced arterio-sclerosis, with a resulting cauliflower-like irregularity of the surface. Traumatic defects in the cortex were also shown. In the latter the most superficial layer of the cortex is most affected, and the gap bridged only by pia mater, while in the arterio-sclerotic degeneration the more superficial layer made up of neuroglia fibers is preserved.

In the session of December 21st the subject of central neuritis was reviewed, and Dr. Woodman presented a paper on the "Symptomatology of hysterical insanities." Dr. Kirby made a partial report of the cases analyzed in the wards of the Pathological Institute at Ward's Island, and Dr. Barrus presented three interesting cases of undiagnosed depressions. Very interesting remarks relative to hospital work were made by medical inspector Dr. William L. Russell.

The meeting was an instructive one, and successful in every particular.

SURGICAL WORK

For the relief of surgical conditions the following operations have been performed by members of the medical staff: Amputation of the leg, one; amputation of the thigh, one; amputation of the toe, three; re-amputation of thigh, one; canthoplasty (double),

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with Hotz' operation, one; curettage of uterus and perineorrhaphy, one; excision, adenoma of breast, one; excision, lipoma of breast, one; erosion of the ankle joint, one; cleansing and drainage large abscess, one; hemorrhoids, clamp and cautery operation, one; hysterectomy and colporrhaphy, one; resection of vas deferens (double), one; curetting sinus of lower jaw, one; Thiersch skin grafting, one; wens removed, two.

SPECIAL TREATMENT

The gynecological work during the past year has been carefully looked after by the woman physician, in addition to her usual routine duties.

All patients requiring them have been supplied with glasses during the year, in several instances with marked increase in their efficiency and comfort. Acute cases with symptoms pointing to refractive error have been particularly examined and carefully fitted with glasses. Other abnormal conditions have received prompt and careful attention by Dr. Woodman.

A large number of teeth which could not be saved by fillings have been extracted by the hospital physicians. Local dentists have filled and otherwise treated troublesome dental conditions of the private and several of the public patients. In a few instances artificial teeth have been furnished.

OCCUPATION

Continuing our policy of keeping as many able-bodied patients employed as possible, for their benefit and for economical reasons, we have succeeded in employing 31.77 per cent of the patients. This, I believe, is a fair percentage considering the class of patients under treatment, and the fact that a large number are too old and infirm to work. Many are too excited, depressed, or demented, and some refuse to engage in any useful occupation.

The workers have found employment in the laundry, kitchen, boiler house, on the farm, the lawns, in the sewing rooms, dining rooms, and on the wards. Much care is exercised by the physicians to see that patients are not required or permitted to work longer than their strength will permit without becoming over-fatigued. In so far as it is possible patients are selected for the kind of work which appears most suitable and pleasing to the worker.

Those who do manual labor take their meals in a separate dining room from the non-workers, and are there served with a special diet selected for such workers.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT DIET KITCHEN.

As mentioned in the 35th annual report, an estimate for necessary articles to furnish a diet kitchen, and for the wages of a competent cook, had been submitted to the State Commission in Lunacy and allowed. The kitchen was furnished and put in operation last fall. Since that time all "special order" dishes have been prepared in this kitchen and sent to the patients in an appetizing and satisfactory manner, much to the benefit of the acute patients and the relief of the general kitchen, which was overcrowded and the chef's work often seriously interfered with by the many special orders sent to him daily.

SPECIAL COURSE IN SURGICAL NURSING

During the year Miss Agnes Valley, a graduate nurse of this hospital, was, through the courtesy of Dr. Wilber Hornby, of Flower Hospital, New York city, permitted to take a three months' course of instruction in surgical nursing in that institution, and through the kindness of Dr. Mabon one month was spent at the Manhattan State Hospital studying hydrotherapy. At the end of the four months Miss Valley returned to the hospital and took charge of the surgical nursing. She was also assigned the duty of instructing and assisting the other nurses in hydrotherapy, more especially in applying the wet packs and giving the prolonged baths, showers, douches, et cetera, and has been doing very satisfactory work.

TRAINING SCHOOL FOR NURSES

The training school for nurses and attendants for last year opened in September, 1905, and continued until May, 1906. Four lectures were delivered each week, two to the senior and two to the junior class.

In addition to the lectures, quizzes were held, clinical bed-side instructions were given, also lessons in the preparation of food for the sick, et cetera.

With the exception of practical training in obstetrics and children's diseases, our nurses receive practically the same instruction given in general hospitals, with the addition of a thorough training in the care of the insane, this being the work for which they are especially trained.

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The senior class had but three members who took the final examination. They were: Helena F. Clifford, Ignatius Dulsky, Frank A. McChesney. All passed and received their diplomas.

Nine members of the junior class took the examination, and the following named persons passed: Lillian E. Bryant, Anga Conklin, Frances G. McCormick, Elizabeth McMorrow, Lillian E. Ryder, Vera Van Dover, George L. Gifford, Michael J. Shealey.

AMUSEMENTS AND ENTERTAINMENTS

The following is a list of amusements and entertainments furnished during the year just closed:

Ventriloquism and story telling — Prof. Wilson.

Hallowe'en costume carnival.

Fete militaire — Under direction of Miss Harriet Hulse.

Fifth annual bal masque.

Oratorio — "The Holy City" — First Presbyterian Church Choir.

Farce comedy "Jane" — Mannerchor Germania,

Three act comedy — "Those Dreadful Twins" — Middletown High School Dramatic Club,

Annual Christmas reception and trees.

Special New Year's reception and dance.

Magic — Prof. Dumauer,

Sangerfest — Local and visiting German mannerchors.

Motion pictures, illustrated songs, vaudeville — International Stock Company,

Washington's birthday reception and dance.

High class moving pictures — Hadleys.

Sleigh rides.

Special Easter service and decorations.

Entertainment — Local talent — and special dance.

Comedy — "Snobson's Stag Party,"

Visit to Barnum & Bailey's circus — party of 253.

Memorial day celebration — Band concert, two ball games.

Glasford Comedy Company in vaudeville.

Three act comedy — "My Uncle from Japan" — Myers' Stock Company,

Songs and recitations — Miss Alma Hollender.

Fourth of July celebration — Concert by 24th Separate Company Military Band, Southern jubilee songs, Prof. George Morris, display of Italian fireworks.

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Instrumental music — Neopolitan trio.

Carriage rides — 150 convalescent patients.

The Century Comedy Four — Quartette and vaudeville.

Special outdoor Sunday services.

Black Patti Troubadours,

Four act comedy — “School” — Hospital talent.

Trolley ride and visit to Orange county fair.

Prof. Marinaro’s Strolling Players,

Hadley’s High Class Moving Pictures,

Professional base ball — Cuban Giants of New York vs. Havana Stars of Havana, Cuba,

Regular weekly dances.

Phonographic concerts on wards.

Five games of foot ball.

Thirteen games of base ball.

Regular church services — Protestant and Catholic.

In addition to the usual efforts to entertain and amuse our patients, we have been able during the past year to send a large number for sleigh-rides, 253 visited the Barnum & Bailey circus on May 1st, and 233 visited the county fair in August. One hundred and fifty convalescent patients have enjoyed carriage rides, having been taken out whenever a team could be spared for that purpose. That these rides and other diversions have done much to assist in the cure of several patients there can be no doubt.

OPEN DOOR SYSTEM

The open door system which was inaugurated in this hospital in 1903, extended in 1904, and again in 1905, was still further extended on May 1st of this year by issuing parole cards to 75 patients on wards 23 and 24 of the men’s department and unlocking the outside doors, thereby permitting the patients to leave and enter the wards at will.

There are now five open wards in the men’s department and five in the women’s department. The results have been fully up to our expectations. The patients have been more contented and cheerful, and have shown less restlessness. There have been some who have betrayed the trust, but the number of escapes has not, I think, been greater than they were when all doors were kept locked. Indeed, most of the escapes are from among those in whom we do not place any special trust, and are sent out for exercise and recreation accompanied by nurses or attendants.

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ADDITIONS TO PATIENTS' LIBRARY

Two hundred and forty-six bound volumes and 176 unbound books have been added to the patients' library during the past year.

MEDICAL JOURNALS

The following is a list of the medical journals subscribed for and regularly received during the year:

Medical Century, American Physician, North American Journal of Homeopathy, New England Medical Gazette, Alienist and Neurologist, Albany Medical Annals, Hahnemannian Monthly, Trained Nurse and Hospital Review, Medical Record, Journal of Nervous and Mental Diseases, American Journal of Medical Sciences, Medical Times, Journal of Abnormal Psychology, American Journal of Insanity.

MEDICAL BOOKS

The following list of books have been purchased for the medical library:

United States Pharmacopœia, Practical Dietetics, Practical Massage, Nurse's Guide for the Operating Room, Care of the Baby, Obstetrical and Gynaecological Nursing, Manual of Personal Hygiene, Bacteriology and Surgical Technique, Essentials of Anatomy, Anatomy and Physiology for Nurses, Principles of Hygiene, Compendium of Medical Latin, Fever Nursing, Localization of Cerebral Function, Notes on Composition of Scientific Papers, Manual of Clinical Chemistry, Microscopy and Bacteriology, two volumes Transactions of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics, Operating Room and the Patient, Chemical and Microscopical Diagnosis, Nursing in the Acute Infectious Fevers, Currents of High Potential of High and other Frequencies.

CHANGES IN MEDICAL STAFF

Dr George F. Brewster, after serving successively in the positions of junior physician and assistant physician since June, 1902, was promoted to the position of second assistant physician October 1, 1905, and has since rendered satisfactory service in that position.

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Dr. Clara Barrus, who has done faithful, conscientious and continuous work at this hospital for more than 13 years, having become reduced in health and strength, was granted a leave of absence for three months beginning July 15th. Dr. Julia F. Fish, was appointed temporarily July 24th to fill the vacancy, which she has done in an entirely acceptable manner.

On October 1, 1905, Dr. Harry B. Ballou was appointed clinical assistant, and promoted to the position of medical interne November 1, 1905.

Dr. Nelson W. Thompson was promoted from the position of clinical assistant to medical interne on October 1, 1905.

IMPROVEMENTS MADE DURING THE YEAR

In November, 1905, ground was broken for a new building for chronic patients. The building is of brick with bluestone trimming and slate roof. The extreme length is 432 feet by 140 feet wide, three stories and finished attic in height. The building is designed to accommodate about 500 patients and the necessary number of employees. It is expected that the building will be ready for occupancy in the fall of 1907.

During the early fall the contract was let for enlarging the laundry building by building a second story on the existing one. This enlargement becomes necessary because of the proposed increased population of the hospital.

The rewiring for electric lights of Talcott hall, annexes 1 and 2, and the amusement hall was begun in August, and will probably be finished some time during the early part of the coming winter. The new system of wiring is much safer than the old, hence the liability* of fires starting from this cause is correspondingly decreased.

The old slate and cement floor in the main kitchen, having become much worn, cracked, uneven, and unsanitary, the State Commission in Lunacy have allowed us sufficient funds to have the old flooring removed and a new tile floor laid, new steel ceiling put on, and the sidewalls and ceiling painted with enamel paint. This work is now being done, and when completed the sanitary conditions in the kitchen will be greatly improved.

During the year we have made numerous improvements of a minor character. The fall and winter were so mild that much outside work was done by our mason with the aid of patient labor. The cement walk laid near the trolley house last year rendered a

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neighboring stone walk of little use and this was removed and relaid along the drive through the woods, where a cement walk could not be laid to as good advantage. This walk was continued through the woods with stone purchased at a cost of \$330.

The floor in the small barn near the garden was entirely decayed and dangerous. It was replaced by a cement floor put down by our own help during the winter. There was about 1,624 square feet laid.

The work of laying cement walks was continued during the summer so long as funds were available for that purpose from the previous year's appropriation. As no additional money was available for this purpose this year, we were only able to extend the walk from the superintendent's house to about half-way to the new chronic building, or about 2,000 square feet.

The relaying of the dilapidated stone wall under the hill by the pond has been continued as opportunity allowed. Over 400 feet of wall and coping has been finished.

During the winter when outdoor work was impossible the mason was kept at work in the basement making cement blocks intended for use in laying a wall along Monhagen avenue. About two thousand blocks 12" x 24" x 8" with over 1,000 feet of coping for same were made. As we had no appropriation to continue this work, we were unable to lay the wall.

An old wooden floor in the engineer's shop has been replaced with a cement floor.

The gates at the main entrance to the grounds were too low for the surrounding drives. They were raised about eight inches and new cement crossing put in, thus adding much to the pleasing appearance of the entrance and taking care of surface water to better advantage.

When connecting the water pipes to the chronic building with present pipes it was found necessary to have an addition made to the subway. The hospital mason erected a room 8' x 10' with a concrete roof, which serves the purpose very satisfactorily.

A large doorway was cut from the hospital in ward 11 to enable bed patients to be rolled out on the piazza in pleasant weather.

Two large boilers were repaired by having damaged and dangerous plates over the fire box removed and new plates put in at a cost of about \$775.

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New radiators were put in pavilion 2 similar to the plan pursued in pavilion 1 last year, and the building is now comfortably heated in severe cold weather. This cost \$1,000.

The old artesian well near the main building had been unused for several years, and this summer the engineer removed the tubing, and it has been utilized for drainage purposes around the grounds.

A lavatory on ward 27 has been fitted up with enameled iron closet, sink and wash bowls, with slate floor and marble walls.

Four water closets of an improved style have been put in ward 11.

The covering on steam pipes in the subway to annex 2 was worn out and was replaced with new.

New urinals were put in annex 2.

The old locks on basement doors and the outside doors of main building and pavilion 2 have been replaced with new locks in accordance with plan to renew locks as fast as worn out.

Several of the barns and the fire escapes have been repainted.

The ice pond was enlarged last fall, and this enlargement will be continued as opportunity allows.

A new tennis court with net frame was made on the front lawn.

New tin gutters were put in entirely around the main building.

OUR NEEDS

By moving three frame cottages from their present location to new sites, a most excellent location for the new building for acute patients would be available, and I would most earnestly urge an appropriation of sufficient funds for this purpose. Surely the location of a building in which the acute recoverable patients are to be treated is an important matter. The building should be on high ground with southern slope, and facing the south or southeast, and far enough away from the buildings where the chronic patients are cared for to prevent their disturbing the acute patients. The proposed site is almost ideal in these particulars, and can probably be made available for about \$2,000.

To take care of the prospective increased patient population of about 650, we shall require a material increase in the number of nurses, attendants, and other employees. Quarters for these employees should be provided in a separate building as far as possible from that in which they work. The nurses' hours are

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long, their duties are arduous, and they should be provided with comfortable and cheerful quarters when off duty, and not be required to live in attic rooms, or rooms on the wards occupied by patients. It is hoped that the managers will secure sufficient funds this winter to meet this urgent need. Although we have no careful estimate of the cost of the additional quarters needed, it is believed that to provide accommodations for 120 employees we shall require the sum of \$60,000.

Within 125 feet and directly in front of the center of the administration portion of the new building for chronic patients there is a large carriage house and horse stable, which as such is offensive because of its odors, and unsightly, and will not only obscure the view of and from the new building but also interferes greatly with proper grading. We would urge an appropriation of sufficient funds to remove this building and place it on a new foundation at the northeast end of the new chronic building, where it can be connected with steam from the power plant and used for an industrial shop. For this purpose we think \$1,500 will be required.

At the west end and but 275 yards away from the chronic building the piggery is located, and as there are usually about 300 head of swine in these pens, and as the prevailing winds are from the west, the odors from the pens are going to prove offensive and annoying to those who will occupy the new building. These pens should be removed and the grove in which they are now located should be used as recreation grounds for the patients. The old pens can be torn down and new ones erected by using as much of the old material as possible for \$4,000. This would enable us at the same time to provide a slaughter house which has been in the past and will be in the future greatly needed.

We again make the same plea for day rooms for annexes one and two and quote from our 35th annual report: "Annexes 1 and 2 are very much crowded. There are 134 patients in annex 1 and 169 patients in annex 2, making a total of 303 patients in the two buildings. One hundred of these patients are in bed. There is but little sitting or day room accommodation in either of these buildings, and the rooms are occupied constantly day and night. An appropriation of funds to erect a solarium and sitting room combined, adjoining each of these buildings, is earnestly urged, in order that we may be enabled to obtain relief from this condition. These additions should be three stories in height, with basement, 25 feet wide and 40 feet

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long, the length to correspond with the present buildings. To erect these buildings, and for heavy wire screens, plumbing and furnishing, the estimated cost of each is \$10,000; total, \$20,000."

A walk and gutter should be laid on Monhagen avenue along the hospital grounds from the hospital gate to the city limit, a distance of about 1,650 feet. A portion of the walk is flagged and guttered along the hospital property, as is also that of adjoining property south. For this purpose we believe \$1,200 would be sufficient.

The necessity for a wall, or fence, on Monhagen avenue is as apparent and urgent as it was last year, when we asked for an appropriation for the fence for the following reasons: The hospital is in the city limits; a trolley line ends at a point about the center of the hospital grounds and large numbers of passengers are brought to this point daily, more especially on Sundays and in the summer, and enter the grounds at any point, mingle with the patients and cause much annoyance thereby. On Sundays the privacy and rest all concerned are entitled to cannot be had. Patients seeing no obstruction are tempted to leave the grounds and wander away. A substantial concrete block fence could be constructed largely by patient labor and in keeping with the dignity of the State for \$1,000.

To provide a sewing and mending room, a toilet and cloak room, a power elevator, new machinery in connection with the laundry, and a slate roof on the building, \$8,000 is urgently requested.

For furniture and equipment of the new chronic building we shall require \$26,750.

For grading, roads, and laying walks about the chronic building \$1,700 will be needed.

The hospital switch from the Erie railroad runs directly back of and close to the cottages for women patients, the women nurses' home, Talcott hall, and pavilion 1, and unless removed will be but a few feet from the front of the proposed building for acute patients. This switch can be moved back in the woods, away from these buildings, for about \$3,000.

We again urge an appropriation to enlarge our chapel and beg leave to quote from last year's report the reasons for this request. "With an increased population of nearly 500 patients since the erection of the chapel and amusement hall, it now proves to be much too small. This building was erected when we had less than a thousand patients, and we now have an average of about 1,300, and with the prospect of soon increasing the hospital

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population by about 500 more, the building will prove entirely inadequate for the purposes for which it was designed. The size of the amusement hall, not including the stage and vestibule, is 80 x 45 feet. An addition of 25 feet on the stage end would, we believe, be sufficient for our present and prospective needs. I am informed by an architect that this addition could be made for about \$10,000."

To remove a portion of the stone and cement reservoir which is no longer needed in its present size and is badly out of repair, and in the way and unsightly, and to repair the portion (about one third) which is needed, we shall require \$500.

The female nurses' home and the two cottages should be connected with the steam supply of the new acute building which is to be erected near these buildings, and thus do away with much expense and labor in heating them. When steam is furnished from the new building there will be no more coal to draw, no ashes to cart away, and no labor in keeping up fires in these buildings. This change can be made at an expense of about \$3,000.

The male nurses' home and farmer's house should be connected with the steam supply of the new chronic building for similar reasons, and will cost about the same, \$3,000.

The ice house by the large barn has become useless for its purpose and new ones have been provided elsewhere. This can be changed over into a wagon shed and storage barn for about \$500.

ACKNOWLEDGMENTS

We are under renewed obligations to the State Commission in Lunacy for continued valuable advice and assistance in conducting the affairs of this hospital. At each of their several visits to the institution during the year the Commission have given thoughtful and fair consideration to our needs, and have allowed us such sums to meet them as they had at their disposal. During their visits they have also given such patients as requested it an opportunity to express their wants.

The medical inspector has also frequently visited the hospital and seen all patients admitted and remaining since his last visit. He has also examined as to the mental condition of all patients who have claimed they were illegally detained, and found all such cases proper subjects for treatment. The manner of preparing and serving food, fire protection, et cetera, have all been given the

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attention of the medical inspector. To him I am indebted for many helpful suggestions.

The board of managers have regularly visited the hospital during the year, and have taken an active and intelligent interest in its affairs. To them as a board and as individuals, I desire to give expression here of my appreciation of much helpful advice and friendly criticism concerning the management of the affairs of the hospital throughout the year.

The hospital was visited and inspected by Mr. and Mrs. Paul Tuckerman, D. C. McMonagle, and H. K. Wilcox, representatives of the State Charities Aid Association, on November 14, 1905, and by Miss Mary Vida Clark, assistant secretary of the association, on September 17, 1906.

Other distinguished visitors were Dr. Adolf Meyer, director of the Pathological Institute, Hon. Louis Bedell, Dr. William Morris Butler, formerly first assistant physician at this hospital, T. E. McGarr, secretary of the State Commission in Lunacy, Hon. Goodwin Brown, ex-member of the State Commission in Lunacy, Rev. Dr. Stratton, of Ridgewood, N. J., Dr. Eugene Depuy, of France, Dr. Brooks of Westboro, Mass., and Dr. Sabram Matsubara, of Japan, who visited the hospital to study the American methods of psychiatry.

To the medical staff, the steward, and to all other officers and employees who have done faithful work during the year, I am indebted, realizing fully that whatever success we have met with in our work is due very largely to their intelligent, earnest, and continued assistance. If it were not that the lack of space prohibits my doing so, I would gladly make personal mention of each faithful worker, especially those who have had the immediate care of the patients and who have done excellent work at times under exceedingly trying conditions. While I cannot here give expression of my appreciation in detail, I would have them feel that I am not unmindful of their faithful work.

The clergy of Middletown have continued to hold religious services in the chapel each Sunday, and to visit the sick at any and all times when requested to do so. To them, and to the choirs of the several churches, on behalf of the patients, I gladly make this acknowledgement of our indebtedness to them.

Once more we wish to extend our thanks to the editors and proprietors of the Middletown Argus, Middletown Times-Press, Independent Republican, of Goshen, Warwick Advertiser, Port Jervis

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Gazette, Catholic World Magazine, Goshen Democrat, Babylon Signal, Walton Chronicle-Times, Bath Advocate, Corning Daily Leader, Warwick Dispatch, Kingston Leader, Morning-side Mirror, Edinburgh, Scotland, Orange County News, for bestowing upon our patients during the past year their respective publications.

All of which is respectfully submitted.

MAURICE CAVILEER ASHLEY

Medical Superintendent

TREASURER'S REPORT

Receipts

Balance on hand October 1, 1905..	\$4,150 39
From State treasury for maintenance on estimates 1 to 12 inclusive	242,050 00
From private patients	35,483 73
From reimbursing patients	15,183 00
From all other sources.	1,552 79
<hr/>	
Total receipts during the year..	\$298,419 91

Disbursements

For officers' salaries	\$15,934 76
For wages	92,965 93
For provisions and stores.	81,262 08
For ordinary repairs	5,865 39
For farm and grounds	6,418 98
For clothing of patients.	4,983 71
For furniture and bedding	7,733 37
For books and stationery	1,291 92
For fuel and light	20,417 53
For medical supplies	1,225 08
For miscellaneous expenses	4,587 09
For transportation	1,168 01
<hr/>	
Total disbursements, estimates 1 to 12, inclusive.	\$243,853 85
To State treasurer, receipts as required by law	50,982 84
<hr/>	
	294,836 69
<hr/>	
Balance on hand October 1, 1906.	\$3,583 22
<hr/> <hr/>	

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT
SPECIAL FUNDS

Receipts

Balance on hand October 1, 1905.....	\$2,403 59
From State treasurer	78,783 00
<hr/>	
Total	\$81,186 59

Disbursements

Vouchers paid during the year	78,783 00
<hr/>	
Balance on hand October 1, 1906.....	2,403 59
<hr/> <hr/>	

Respectfully submitted,

M. C. ASHLEY

Treasurer

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Remaining October 1, 1905.....	588	698	1,286
Admitted during year ending September 30, 1906.....	122	120	242
On original commitments:			
From residences.....	116	112	228
By transfers from county houses on original commitments.....	2	2	4
By transfers from other institutions for insane.....	4	6	10
Total number under treatment during year...	710	818	1,528
Daily average population.....	586	708	1,294
Capacity of institution.....	597	625	1,222
Discharged during year:			
As recovered.....	42	36	78
As improved.....	26	35	61
As unimproved.....	8	8	16
As not insane.....	.....	1	1
Died.....	38	26	64
Whole number discharged during year.....	114	106	220
Remaining October 1, 1906.....	596	712	1,308

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	April 1874
Total acreage of grounds and buildings.....	281
Value of real estate, including buildings.....	\$1,137,646 00
Value of personal property.....	85,000 00
Acreage under cultivation	90
Receipts during year, maintenance fund:	
Balance on hand October 1, 1905.....	\$4,150 39
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	242,050 00
From private patients	35,483 73
From reimbursing patients	15,183 00
From all other sources	1,552 79
Total receipts for maintenance.....	\$298,419 91
Balance October 1, 1905, ex. imp.....	\$2,403 59
Total receipts from State Commission in Lunacy for extraordinary improvements.....	78,783 00
Total	\$81,186 59
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries	\$15,934 76
Estimate No. 2. For wages	92,965 93
Estimate No. 3. For provisions and stores..	81,262 08
Estimate No. 4. For ordinary repairs	5,865 39
Estimate No. 5. For farm and grounds	6,418 98
Estimate No. 6. For clothing of patients ..	4,983 71
Estimate No. 7. For furniture and bedding.	7,733 37
Estimate No. 8. For books and stationery...	1,291 92
Estimate No. 9. For fuel and light	20,417 53
Estimate No. 10. For medical supplies	1,225 08
Estimate No. 11. For miscellaneous expenses..	4,587 09
Estimate No. 12. For transportation	1,168 01
Total disbursements, estimates 1 to 12 inclusive.	\$243,853 85
To State treasury	50,982 84
Total.	\$294,836 69

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$78,783 00
Balances October 1, 1906:	
General maintenance fund	3,583 22
Special fund	2,403 59
<hr/>	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive....	\$3.624
Maximum rate of wages paid attendants:	
Men	22 00
Women	36 00
Minimum rate of wages paid attendants:	
Men	22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 9.58
Proportion of night attendants to average daily population	1 to 49.77
Percentage of daily patient population engaged in some kind of useful occupation.....	31.77
Estimated value of farm and garden products during year	\$14,140 00
Estimated value of articles made or manufactured by patients during year	3,800 00
<hr/>	

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	8	7	15	.....	.....	.....	1
Mental strain, worry and overwork (not included in above).....	16	21	37	2	4	6	....
Religious excitement.....	.....	3	3	.....	2	2	....
Love affairs (including seduction).....	.....	4	4	.....	1	1	....
Fright and nervous shock	3	1	4	.....	1	1	....
Physical:							
Intemperance.....	23	7	30	4	2	6	....
Venereal diseases.....	6	2	8	1	.....	1	....
Masturbation.....	9	1	10	4	1	5	1
Accident or injury.....	5	1	6	.....	.....	.....	....
Parturition and puerperium.....	.....	3	3	.....	.....	.....	....
Change of life.....	.....	7	7	.....	1	1	....
Privation and overwork.....	.....	1	1	.....	.....	.....	....
Epilepsy.....	4	3	7	2	3	5	....
Diseases of skull and brain.....	3	1	4	1	1	2	....
Old age.....	8	12	20	.....	2	2	....
Epidemic influenza.....	.....	1	1	.....	.....	.....	....
Abuse of drugs.....	.....	3	3	.....	.....	.....	....
All other bodily disorders and ill health.....	13	15	28	.....	4	4	....
Hereditary.....	12	21	33	14	24	38	....
Unascertained.....	12	5	17	.....	.....	.....	5
Not insane.....	.....	1	1	.....	.....	.....	....
Total.....	122	120	242	28	46	74	7

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	17	6	.....
General paralysis.....	18	.....	5
Senile insanity.....	24	.....	27
Epilepsy with insanity.....	8	1	6
Imbecility, idiocy with insanity.....	2	2	.....
Other psychoses.....	172	69	26
*Not insane.....	1	.....	.....

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas.....	1	.....	1	11	3	14
Septicemia and py- emia.....	.....	.....	.....	2	1	3
Dysentery.....	.....	.....	.....	.....	3	3
Tuberculosis.....	8	4	12	27	24	51
Anthrax.....	.....	.....	.....	.....	2	2
Constitutional diseases:						
Rheumatism (or rheu- matic affections)....	.....	.....	.....	.....	1	1
Diabetes mellitus and diabetes insipidus...	1	1	2	3	3	6
Diseases of the digestive system:						
Diseases of the stomach.....	.....	.....	.....	3	6	9
Diseases of the intes- tines.....	1	2	3	10	32	42
Diseases of the liver...	.....	.....	.....	2	1	3
Diseases of the perito- neum.....	.....	.....	.....	.....	2	2
Diseases of the respira- tory system:						
Diseases of the nose and larynx.....	.....	.....	.....	.....	2	2
Diseases of the bronchi.....	.....	.....	.....	11	4	15
Diseases of the lungs...	5	2	7	37	50	87
Diseases of the pleura..	.....	.....	.....	4	.....	4
Diseases of the circulatory system:						
Diseases of the heart..	6	1	7	35	37	72
Arterio-sclerosis.....	1	2	3	7	4	11
Aneurism.....	.....	.....	.....	1	.....	1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....	.....	.....	.....	1	.....	1
Hodgkin's disease, Ad- dison's disease and myxoedema.....	.....	.....	.....	1	.....	1
	.....	.....	.....	1	.....	1

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Table No. 7—(Concluded)

Showing the causes of death of patients who died during the current year and since October 1, 1888.

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the genito- urinary system.....	2	.....	2	24	16	40
Diseases of the nervous system:						
Diseases of the nerves..	.....	.....	.....	.....	1	1
Diseases of the spinal cord.....	.....	.....	.....	3	.....	3
Diseases of the men- inges.....	.....	.....	.....	1	2	3
Organic diseases of the brain (tumor, ab- scess, embolism, thrombosis, hem- orrhage and other gross lesions).....	4	2	6	75	60	135
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....	1	1	2	2	1	3
Epilepsy.....	.....	3	3	7	8	15
Mental diseases:						
Exhaustion of acute mental disease.....	1	.....	1	47	37	84
Exhaustion of chronic mental disease.....	4	3	7	207	126	333
General paralysis of the insane.....	3	2	5	143	28	171
The intoxications; heat- stroke; obesity:						
Heat-stroke.....	.....	.....	.....	4	1	5
Debility of old age.....	.....	.....	.....	3	3	6
Accident.....	.....	.....	.....	4	1	5
Suicide.....	.....	1	1	7	3	10
Surgical and gynecologi- cal diseases and dis- eases of the skin.....	.....	.....	.....	.....	3	3
Malignant new growths or cancer.....	.....	2	2	9	17	26
Total.....	38	26	64	691	482	1173

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	15	21	36	196	230	426
Maternal branch.....	8	14	22	241	297	538
Paternal and maternal branches.....	2	5	7	29	35	64
Collateral branches....	3	6	9	140	191	331
No hereditary tendency	88	73	161	1,554	1,446	3,000
Unascertained.....	6	1	7	143	148	291
Total.....	122	120	242	2,303	2,347	4,650

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	60	41	101	1,113	914	2,027
Married.....	49	59	108	986	1,092	2,078
Widowed.....	11	20	31	181	324	505
Divorced.....	2	.....	2	13	13	26
Unascertained.....	.....	.....	.....	10	4	14
Total.....	122	120	242	2,303	2,347	4,650

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	2	1	3	118	35	153
Academic.....	12	14	26	204	297	501
Common school.....	84	89	173	1,676	1,730	3,406
Read and write.....	14	9	23	65	60	125
Read only.....				48	43	91
No education.....	10	7	17	109	109	218
Unascertained.....				83	73	156
Total.....	122	120	242	2,303	2,347	4,650

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT				
	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Under one month.....	9	.....	9	2	.....	2	84	68	152	82	55	137
One to three months.....	1	6	7	3	.....	3	69	69	138	67	34	101
Three to six months.....	5	1	6	3	2	5	77	37	114	57	24	81
Six to nine months.....	2	1	3	4	2	6	61	32	93	38	15	53
Nine months to one year.....	1	2	3	3	.....	3	20	24	44	30	21	51
One year to eighteen months.....	7	4	11	2	2	4	80	48	128	43	35	78
Eighteen months to two years.....	.....	.....	.....	.....	1	1	20	17	37	52	37	89
Two to three years.....	3	2	5	3	2	5	65	35	100	68	46	114
Three to four years.....	3	4	7	4	3	7	37	34	71	42	36	78
Four to six years.....	2	3	5	1	2	3	38	28	66	68	49	117
Six to ten years.....	4	1	5	7	2	9	44	24	68	70	77	147
Ten to twenty years.....	1	2	3	4	9	13	42	21	63	70	46	116
Twenty years and over.....	.....	.....	.....	2	1	3	17	19	36	5	6	11
Not insane*.....	.....	.....	.....	.....	.....	.....	3	1	4	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	35	24	59	.....	.....	.....
Total.....	38	26	64	38	26	64	692	481	1,173	692	481	1,173
Average duration of insane life (years and tenths).....	.....	.....	.....	5-	7-2	6-1	.....	.....	.....	3-8	4-0	3-9

* Includes cases of alcoholism, drug habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...					2	2
From 10 to 15 years...	1	1	2	11	8	19
From 15 to 20 years...	7	3	10	100	73	173
From 20 to 25 years...	15	9	24	233	192	425
From 25 to 30 years...	12	11	23	239	266	525
From 30 to 35 years...	14	13	27	265	290	555
From 35 to 40 years...	14	14	28	288	269	557
From 40 to 50 years...	19	25	44	465	550	1,015
From 50 to 60 years...	19	21	40	302	373	675
From 60 to 70 years...	13	12	25	231	186	417
From 70 to 80 years...	7	6	13	117	109	226
From 80 to 90 years...	1	5	6	30	26	56
Unascertained.....				2	3	5
Total.....	122	120	242	2,303	2,347	4,650

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888.

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	5	3	8	49	50	99
From 20 to 30 years...	6	9	15	173	225	398
From 30 to 40 years...	10	9	19	191	215	406
From 40 to 50 years...	12	9	21	191	212	403
From 50 to 60 years...	5	5	10	95	130	225
From 60 to 70 years...	2	.....	2	54	53	107
From 70 to 80 years...	2	1	3	24	13	37
From 80 to 90 years...	.....	.....	.....	1	2	3
Total.....	42	36	78	778	900	1,678

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...					2	2
From 15 to 20 years...				5	2	7
From 20 to 25 years...	1		1	15	7	22
From 25 to 30 years...	3	1	4	30	15	45
From 30 to 35 years...	1	1	2	52	26	78
From 35 to 40 years...	2	3	5	65	35	100
From 40 to 50 years...	5	5	10	141	95	236
From 50 to 60 years...	9	6	15	129	95	224
From 60 to 70 years...	9	5	14	122	88	210
From 70 to 80 years...	8	3	11	97	89	186
From 80 to 90 years...		2	2	34	25	59
Over 90 years.....				1	3	4
Total.....	38	26	64	691	482	1,173

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	23	16	39
One to three months.....	19	20	39
Three to six months.....	14	20	34
Six to nine months.....	7	9	16
Nine months to one year.....	3	3	6
One year to eighteen months.....	11	6	17
Eighteen months to two years.....	5	3	8
Two to three years.....	11	11	22
Three to four years.....	8	7	15
Four to five years.....	4	3	7
Five to ten years.....	5	8	13
Ten to fifteen years.....	5	5	10
Fifteen to twenty years.....	2	3	5
Twenty to thirty years.....	2	2	4
Not insane.....		1	1
Unascertained.....	3	3	6
Total.....	122	120	242

Includes cases of alcoholism, morphia habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	16	10	26
One to three months.....	21	15	36
Three to six months.....	21	29	50
Six to nine months.....	16	20	36
Nine months to one year.....	11	16	27
One year to eighteen months.....	16	34	50
Eighteen months to two years.....	16	17	33
Two to three years.....	27	39	66
Three to four years.....	28	43	71
Four to five years.....	25	35	60
Five to ten years.....	99	145	244
Ten to fifteen years.....	159	169	328
Fifteen to twenty years.....	103	97	200
Twenty to thirty years.....	37	43	80
Thirty years and upwards.....	1	.....	1
Total.....	596	712	1,308

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc...	4	.....	4	143	14	157
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	25	2	27	463	7	470
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	24	.....	24	359	.....	359
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	15	.....	15	212	.....	212
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers etc.....	12	.....	12	283	1	284
Domestic service:						
Waiters, cooks, servants, etc.....	1	9	10	44	224	268
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc....	2	87	89	32	1,513	1,545
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	1	1	.....	41	41

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Table No. 17— (Concluded)

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	1	6	7	15	125	140
Miners, seamen, etc.....	2	.....	2	19	.....	19
Prostitutes .....	.....	.....	.....	.....	1	1
Laborers	29	.....	29	511	.....	511
No occupation.....	7	15	22	215	411	626
Unascertained .....	.....	.....	.....	7	10	17
Total.....	122	120	242	2,303	2,347	4,650

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	95	99	194	1,830	1,879	3,709
England.....	3	3	6	62	48	110
Ireland.....	6	6	12	170	192	362
Germany.....	6	5	11	128	119	247
France.....		1	1	8	13	21
Scotland.....		1	1	13	16	29
Canada.....				11	13	24
Switzerland.....		1	1	9	4	13
Italy.....	3	1	4	12	7	19
Bavaria.....				3		3
Prussia.....				3	2	5
Bohemia.....	1	1	2	1	8	9
Sweden.....	2		2	11	12	23
Saxony.....				1		1
Poland.....				6	2	8
Austria.....	1		1	6	4	10
Russia.....	1		1	4	9	13
China.....				1		1
Japan.....				1		1
Isle of Man.....					1	2
New Brunswick.....				1	1	1
Central America.....					1	1
Wales.....	1		1	2	1	3
Hungary.....	2		2	2	6	8
India.....				3		3
Australia.....				2		2
Holland.....	1		1	3		3
Cuba.....				1		1
Norway.....					3	3
Denmark.....				1	1	2
Armenia.....				2		2
Syria.....					1	1
Honolulu.....		1	1		1	1
Belgium.....		1	1		1	1
Unascertained.....				6	2	8
Total.....	122	120	242	2,303	2,347	4,650

Of the total number admitted since the 1st of October, 1888, the parents of 31.55 per cent were both of foreign birth.

In 2.27 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.95 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....	3	.....	3
Allegany.....	.....	.....	.....
Broome.....	.....	.....	.....
Cattaraugus.....	.....	.....	.....
Cayuga.....	.....	.....	.....
Chautauqua.....	.....	.....	.....
Chemung.....	.....	.....	.....
Chenango.....	.....	.....	.....
Clinton.....	.....	.....	.....
Columbia.....	.....	.....	.....
Cortland.....	.....	.....	.....
Delaware.....	4	.....	4
Dutchess.....	1	.....	1
Erie.....	1	.....	1
Essex.....	.....	.....	.....
Franklin.....	.....	.....	.....
Fulton.....	.....	.....	.....
Genesee.....	.....	.....	.....
Greene.....	.....	.....	.....
Hamilton.....	.....	.....	.....
Herkimer.....	.....	.....	.....
Jefferson.....	1	.....	1
Kings.....	2	4	6
Lewis.....	.....	.....	.....
Livingston.....	.....	.....	.....
Madison.....	.....	.....	.....
Monroe.....	.....	.....	.....
Montgomery.....	.....	.....	.....
Nassau.....	.....	.....	.....
New York.....	14	12	26
Niagara.....	.....	.....	.....
Oneida.....	.....	.....	.....
Onondaga.....	1	.....	1
Ontario.....	.....	.....	.....
Orange.....	77	10	87
Orleans.....	.....	.....	.....
Oswego.....	2	.....	2
Otsego.....	.....	.....	.....
Putnam.....	.....	.....	.....
Queens.....	.....	.....	.....
Rensselaer.....	.....	.....	.....
Richmond.....	.....	1	1
Rockland.....	24	1	25

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Table No. 19—(Concluded)

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....	1		1
Schenectady.....	1		1
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....	18	1	19
Tioga.....			
Tompkins.....			
Ulster.....	58	4	62
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	1		1
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	209	33	242

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	8	7	15			
Allegany.....						
Broome.....	1		1			
Cattaraugus.....						
Cayuga.....		1	1		1	1
Chautauqua.....		1	1			
Chemung.....	3	1	4			
Chenango.....	1	1	2			
Clinton.....						
Columbia.....		1	1		1	1
Cortland.....						
Delaware.....	3	20	23		1	1
Dutchess.....	1	2	3		2	2
Erie.....		2	2			
Essex.....						
Franklin.....						
Fulton.....	1	1	2	1		1
Genesee.....						
Greene.....		2	2		1	1
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	23	24	47	6	9	15
Lewis.....						
Livingston.....	1		1			
Madison.....		2	2		1	1
Monroe.....		2	2		3	3
Montgomery.....	1	1	2			
New York.....	59	78	137	22	37	59
Nassau.....		1	1			
Niagara.....						
Oneida.....	1		1	2		2
Onondaga.....	4	3	7		3	3
Ontario.....	1		1			
Orange.....	165	180	345	14	16	30
Orleans.....						
Oswego.....		2	2			
Otsego.....						
Putnam.....	1		1			
Queens.....	16	15	31	4	1	5

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rensselaer.....	1	1	2	2	.....	2
Richmond.....	6	10	16	.....	2	2
Rockland.....	50	44	94	2	2	4
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	4	6	10	.....	.....	.....
Schenectady.....	1	1	2	1	.....	1
Schoharie.....	1	1	2	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....
Steuben.....	.....	.....	.....	.....	1	1
Suffolk.....	30	26	56	1	1	2
Sullivan.....	45	54	99	1	2	3
Tioga.....	.....	5	5	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....
Ulster.....	95	104	199	5	6	11
Warren.....	.....	1	1	.....	.....	.....
Washington.....	1	8	9	.....	1	1
Wayne.....	1	.....	1	.....	.....	.....
Westchester.....	9	11	20	.....	1	1
Wyoming.....	.....	.....	.....	1	1	2
Yates.....	.....	.....	.....	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	534	619	1,153	62	93	155

THIRTY-SIXTH ANNUAL REPORT

OF THE

BUFFALO STATE HOSPITAL

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1906



Thirty-Sixth Annual Report of the Managers of the Buffalo State
Hospital

To the State Commission in Lunacy:

Gentlemen — The managers of the Buffalo State Hospital herewith present their report for the year ending September 30, 1906.

Very respectfully,

JOSEPH P. DUDLEY

WILLIAM C. KRAUSS, M. D.

NATHAN WOLFF

MRS. WALTER PLATT COOKE

MRS. TRACY C. BECKER

JOHN T. DARRISON

GEORGE H. KENNEDY

OFFICERS

MANAGERS

JOSEPH P. DUDLEY	Buffalo
WILLIAM C. KRAUSS, M. D.	Buffalo
NATHAN WOLFF	Buffalo
Mrs. TRACY C. BECKER	Buffalo
Mrs. WALTER PLATT COOKE	Buffalo
JOHN T. DARRISON	Lockport
GEORGE H. KENNEDY	Buffalo

RESIDENT OFFICERS

ARTHUR W. HURD, M. D.	Superintendent
HENRY P. FROST, M. D.	First Assistant Physician
GEORGE G. ARMSTRONG, M. D.	Second Assistant Physician
JOSEPH B. BETTS, M. D.	Assistant Physician
EDWARD G. ALDRICH, M. D.	Assistant Physician
GEORGE W. GORRILL, M. D.	Assistant Physician
B. ROSS NAIRN, M. D.	Assistant Physician
HELENE KUHLMANN, M. D.	Woman Physician
WILLIAM W. WRIGHT, M. D.	Junior Assistant Physician
PAUL B. BROOKS, M. D.	Junior Assistant Physician
WALTER L. PANNELL, M. D.	Medical Interne
JOHN E. CULP	Steward

OphthalmologistDr. F. PARK LEWIS
DentistDr. C. A. BRADSHAW

REPORT OF THE MANAGERS

The board of managers of the Buffalo State Hospital hereby respectfully presents its report to the Commission in Lunacy as required by law. The board was organized in July, 1905, and in the report of last year was able to give an account of but a few months of duty. This year, however, the report covers the entire year. The board at its first meeting after the opening of the fiscal year in October, organized as follows: President, Joseph P. Dudley; secretary, Mrs. Tracy C. Becker.

The board has held monthly meetings, as required by law, at the hospital building, and has each month made out the report in the form desired by the Governor. This form covers 27 questions as to the workings of the institution, together with a request for all other suggestions, not included in the blank form, which the managers desire to make. The questions include every detail of the hospital's welfare and management, the number of patients, contagious diseases, accidents, quantity and quality of food, food service, laundry service, sufficiency of clothing, employment and entertainment of patients, medical work and research, conduct of the farm, condition of the buildings, grounds, etc. These reports, together with a personal inspection of the wards, conversation with the patients, inspection of the kitchens, food supplies, laundry, etc., have been made at each regular meeting and by the different members of the board of managers, not at times of stated meetings. We are pleased to report that the hospital has had a successful, busy, and active year.

At the end of the year, September 30, 1905, there were remaining in the hospital 779 men and 982 women, making a total of 1,761 patients. There were admitted during the year 226 men, 181 women, total 407, 19 more than the year previous. The percentage of recoveries was practically the same as for the year preceding. The institution cared for 2,108 patients during the year. The per capita cost for their maintenance, including everything, was \$3.72 per week; for the year preceding it was \$3.72½. The total disbursements for the year for current expenses were \$327,253.21; for new buildings, improvements, etc., \$106,892.17; for subsistence there was expended \$115,526.45; for clothing, \$11,737.12.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Of the requests made by this board last year that of additional water supply for the hospital was acted upon favorably by the Legislature, the money provided, and the work is now in progress. Also the request of the board of managers for larger fees for religious services was granted by the Commission in Lunacy.

Early in the present year, by appointment, the Commission in Lunacy and the representatives of the board of managers met and considered the subject of requests for the coming year. Some of them are requests which failed of accomplishment last year and are repeated. They are as follows:

Refrigerator plant.

Coal conveyor.

Railroad track scales.

Fitting up shops for tailor and shoemaker over present workshops.

New concrete top on tunnel from main building to engine room.

Handkerchief mangle for washroom, and collar and cuff shaper.

Changing plumbing of sinks in dining-rooms from wards 2 to 12.

New closets for wards 19, 20, 21, 22, and 23.

New roofs on verandas, wards 19, 20, 21 and 22.

Electric cloth cutting machine for workroom.

Cement walks.

New wire fence from Boulevard to Forest avenue on Rees street.

Tuberculosis pavilion.

New bath tubs, fixtures and repairs, men's wards, main building.

Hydrotherapeutic apparatus, Elmwood building, women's wards.

We have visited the various departments, the wards and patients, at stated and unstated intervals, and have talked freely with many of the patients, and we feel that they are well and comfortably cared for, not only as regards their material wants, but that they are also faithfully and intelligently cared for medically.

Respectfully submitted,

JOSEPH P. DUDLEY

WILLIAM C. KRAUSS, M. D.

NATHAN WOLFF

MRS. TRACY C. BECKER

MRS. WALTER PLATT COOKE

JOHN T. DARRISON

GEORGE H. KENNEDY

BUFFALO STATE HOSPITAL — ANNUAL REPORT

REPORT OF TREASURER FOR YEAR ENDING SEPTEMBER
30, 1906

GENERAL FUND

Receipts

Balance on hand from last year, for salaries	\$79 12	
Balance on hand from last year, for wages	442 35	
Balance on hand from last year, for supplies	1,279 34	
	<hr/>	\$1,800 81
From comptroller, for salaries	\$19,425 00	
From comptroller, for wages	118,400 00	
From comptroller, for supplies	189,600 00	
From maintenance of reimbursing patients	28,660 40	
From maintenance of private patients	8,538 68	
From interest on bank balances	127 47	
From steward's return	905 22	
From board	266 29	
From refund, overpayments	12 21	
	<hr/>	365,935 27
		<hr/>
		<u><u>\$367,736 08</u></u>

Disbursements

For amounts per vouchers 1 to 1,666 inclusive:	
Officers' salaries	\$19,416 80
Wages	118,585 74
Provisions and stores	115,526 45
Ordinary repairs	7,196 96

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Farm and grounds.....	\$2,696	51	
Clothing.....	11,737	12	
Furniture and bedding...	11,590	00	
Books and stationery.....	1,771	53	
Fuel and light.....	27,230	05	
Medical supplies.....	2,597	57	
Miscellaneous expenses...	7,935	75	
Transportation of patients	968	73	
			<hr/> \$327,253 21
Receipts from general fund transmitted to State treasurer.....	\$37,326	55	
Balance on hand October 1st from general fund transmitted to Carroll F. Smith, hospital treasurer	3,156	32	
			<hr/> 40,482 87
			<hr/> \$367,736 08

EXTRAORDINARY IMPROVEMENTS

Receipts

From comptroller, under chapter 635, Laws of 1904	\$25,070	61
From comptroller, under chapter 702, Laws of 1905	5,975	73
From comptroller, under chapter 686, Laws of 1906	3,274	46
		<hr/>
	\$34,320	80

Payments

Under chapter 635, Laws 1904, vouchers 279 to 489, inclusive.....	\$25,070	61
Under chapter 702, Laws 1905, vouchers 2 to 59, inclusive.....	5,975	73
Under chapter 686, Laws 1906, vouchers 1 to 12, inclusive.....	3,274	46
		<hr/>
	\$34,320	80

A. W. HURD

Treasurer

BUFFALO STATE HOSPITAL — ANNUAL REPORT

SUPERINTENDENT'S REPORT

The superintendent of the Buffalo State Hospital hereby respectfully submits to the board of managers his report for the year ending September 30, 1906:

Number of admissions during the past	Men	Women	Total
year	226	181	407
Number of discharges during the past			
year	206	162	368
Daily average population	778	913	1,691

The number of admissions this year it will be seen is somewhat in excess of that of last year, being 407, 396 of whom were admitted from their homes, and 11 by transfer from other institutions, making the total number under treatment during the year 2,108, and a daily average population of 1,691, as against 1,659 for the year ending September 30, 1905.

The year has been one of activity, of faithful medical work, and marked by a loyal regard for the welfare of the patients by the managers, officers and attendants. Following the opening of the buildings mentioned as being completed last year, viz.: a residence for the superintendent, a residence for the medical staff, a home for men employees and a new chapel and amusement hall, there were begun the necessary changes in the administration building for the accommodation of patients. These alterations took place above the first floor, which is still reserved for offices, reception rooms, etc. We are pleased to report that the numerous changes have been completed, and that the wards are now (November 21st), occupied by patients. The chapel on the fourth floor has been converted into a dining room, and by the use of an electric elevator the food service is quite satisfactory. The wards lend themselves admirably for use as dormitories for the patients, but lack the veranda and piazzas which make some of the newer wards useful and attractive. These wards which have been numbered 32 and 33, accommodate 150 patients. Owing to the greater demand for room for women patients, the wards are consequently now occupied by women patients. The total cost of the alterations in these wards was \$10,265.16.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

The cost of providing accommodations for the 150 patients is expressed by the amount necessary to build residences for the superintendent and medical staff, and the alterations necessary in the building itself. The cost of the new chapel should not be taken wholly into account as a chapel on the ground floor has been needed and under contemplation some years, irrespective of the use to which the upper floors of the administration building are now put, although it does figure to a certain degree in the cost, as the old chapel is now used as a dining room and thus allows a larger use of the floors for dormitory purposes, but even with this item taken into consideration, the per capita cost for providing for this number of patients is much below the limit set by law, viz.: \$550.

The percentage of recoveries, deaths, etc., is practically the same as last year, the recoveries to new admissions being a fraction of one per cent below that of last year, while the percentage of recoveries to average population was a little higher. This, however, is a comparatively satisfactory statement when we consider that while last year the number of patients admitted who were over 50 years of age was 95, for this year it is 111. Last year the number of patients admitted over 60 years of age was 57, and for this year 68. It is interesting to note in this connection that of the 92 people who recovered, 78 were less than 50 years of age and had been in the institution less than one year, and 59 had been in the institution less than three months, which indicates the desirability of early treatment.

Although there were 19 more admissions this year than last, 11 of these were transfers from other institutions. Our convenience to a large population probably accounts to a certain extent for the large number of feeble cases of advanced age, etc., sent us which might not reach an institution more remotely situated from a large center. Next year the percentage of recoveries on the daily average population will be considerably reduced as we will have received by transfer 75 patients from New York city and Brooklyn, from not one of whom can recovery be expected. Of the 407 admissions it will be seen that in 235 cases no hereditary tendencies are alleged. In 57 it was unascertained, and existed in 115 cases.

The movement of patients during the past year has been as follows:

BUFFALO STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
Patients in hospital September 30, 1905	779	922	1,701
Admitted during the year	226	181	407
Total	1,005	1,103	2,108
Discharged:			
Recovered	58	34	92
Improved	47	44	91
Unimproved	13	19	32
Died	73	60	133
As not insane (inebriates, etc.)	15	5	20
Total	206	162	368
Remaining in the hospital September 30, 1906	799	941	1,740
Maximum number under care . . . . .	....	....	1,716
Minimum number under care . . . . .	....	....	1,665
Daily average under care	778	913	1,691
Percentage of recoveries to number of new admissions . .			23.23
Percentage of recoveries to average population			5.44
Percentage of recoveries to number discharged			25.00
Percentage of recoveries to number discharged exclusive of deaths, inebriates and transferred			46.94
Percentage of recoveries to total number of admissions . .			22.60
Percentage of deaths to daily average population . . . . .			.07

The medical work of the hospital has been very active during the past year and has been prosecuted with intelligence and faithfulness. A hydrotherapeutic apparatus has been installed in the men's division of the reception building, and has proven its usefulness.

Staff meetings for the consideration of cases are held regularly under the direction of Dr. Frost, first assistant physician. Some of the meetings are devoted to the study of specimens prepared in the pathological laboratory, in connection with clinical histories of cases. Close connection is maintained with the work of Dr. Meyer, director of the Pathological Institute in New York city, and during the past year different members of Dr. Meyer's staff have spent some time in our laboratory.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Clinics for the students of the senior classes of the University of Buffalo have been given during the winter of the past year, as heretofore, and have been well attended.

The following classes of disease conditions, manifested in the patients admitted during the year ending September 30, 1906, have been prepared by Dr. Frost, first assistant physician:

CLASSIFICATION OF PATIENTS ADMITTED DURING
THE YEAR ENDING SEPTEMBER 30, 1906

	Men	Women	Total
Brain tumor .....	....	1	1
Organic dementia	4	4	8
Psychoses accompanying other nervous diseases.	3	....	3
Psychoses accompanying Graves' disease... (1 woman admitted twice during the year)	....	4	4
Traumatic psychoses	9	1	10
Senile psychoses	20	16	36
General paralysis	37	7	44
Alcoholic psychoses	35	11	46
(2 men admitted twice during the year).			
Inebriate.	6	3	9
Morphinism and cocainism, etc.....	3	3	6
Infective — exhaustive psychoses.....	11	10	21
Depressions not sufficiently differentiated..	....	4	4
Melancholia symptomatic	1	2	3
Depressive hallucinosis	1	6	7
Involution melancholia	3	11	14
Paranoic conditions.	9	10	19
(1 man admitted twice during the year)			
Dementia praecox	21	17	38
Manic depressive psychoses			
1st attack	13	12	25
2d attack	8	8	16
3d attack.....	3	4	7
4th attack	1	1	2
5th attack	1	1	2
6th attack .....	....	1	1
8th attack .....	....	1	1
9th attack .....	....	1	1
10th attack	1	....	1
Uncertain.....	2	1	3

BUFFALO STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
Allied to manic depressive.....	1	3	4
Constitutional inferiority	1	5	6
Neurasthenic and psychasthenic states.....	5	2	7
Hysterical insanity	1	3	4
Epileptic insanity	10	8	18
Imbecility and idiocy	8	4	12
(1 man admitted twice during the year)			
Unclassified.	8	16	24
(1 man admitted twice during the year)			
Total.	226	181	407

ANALYSIS OF ADMISSIONS—YEAR ENDING SEPTEMBER 30, 1906

Brain tumor: One case. This was a syphilitic gumma in the depth of the right frontal lobe. Death occurred from hemorrhage into the pons. Characteristic symptoms were absent and the diagnosis was not made until the autopsy.

Organic disease of brain: Under this head are grouped eight cases — four of each sex — of post-apoplectic dementia. Syphilitic disease of blood-vessels was the cause in two of the men, both below middle age.

Accompanying organic nervous disease: Three men. There was one case of amyotrophic lateral sclerosis, one of multiple sclerosis and one of combined sclerosis. Simple dementia constituted the mental derangement.

Accompanying exophthalmic goitre: Three women presented mental symptoms which seemed to be dependent upon this disease — extreme nervousness, excitability and loss of self-control. One case, in addition, had visual hallucinations of ghostly forms, heard spirits whispering, etc.

Traumatic psychoses: Of the 10 cases (nine men, one woman) due to injury to the head two were demented and the condition had existed several years; with these exceptions the symptoms were of a delirious type and recovery took place in a few weeks.

Alcohol was a contributing factor in two and these were of longer duration than the other cases which recovered.

Senile psychoses: 20 men, 16 women. Most of these were cases of dementia, but in one man and one woman the disease began with typical mania, and one man and four women had melancholia. Deterioration followed in all cases.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

General paralysis: 37 men, 7 women. Of these six men and one woman died before the end of the year.

The ages of these patients are shown in the following table:

Between 25 and 30.	3
Between 30 and 35.	7
Between 35 and 40.	9
Between 40 and 45.	8
Between 45 and 50.	11
Between 50 and 55.	4
Between 55 and 60.	1
Between 60 and 65	1
<hr/>	
Total.	44
<hr/>	

In two of the men the mental disease was preceded for several years by tabes. Twelve cases, including these two, had absent kneejerks and two others had greatly diminished response. Satisfactory evidence of antecedent syphilis was obtained in 24 cases or 54.5 per cent, and a history of intemperate use of alcohol in 22 or 50 per cent. These two causes were combined in 9 or 20 per cent. During the *preceding five years* there were admitted 164 paretics (125 men, 39 women) 70 of whom or 42.7 per cent were recorded as having had syphilis, and 49 or 30 per cent, as intemperate. 28 (17 per cent) were both syphilitic and intemperate. Injury to the head was a contributory cause in two cases and injury to the spine in one of the admissions for the year.

Alcoholic psychoses: 33 men and 11 women, classified as follows:

Delirium tremens	4
Hallucinosiis.	19
Korsakoff's psychosis	2
Excitement resembling mania	4
Depression (suicidal)	1
Paranoic type	4
Dementia.	9
Alteration of personality with amnesia.	1
<hr/>	

In addition to these, six men and three women were classed as *inebriates* (not insane).

Drug addiction: Six cases. Most of these took morphine, but one used a large amount of cocaine and one inhaled for years a mixture of ether and chloroform.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

Infective-exhaustive psychoses: 11 men, 10 women. This is a group of cases presenting points of special interest. One was a continuation of typhoid delirium; another the delirium of pneumonia; three proved to be meningitis; one followed prolonged hospital treatment for cystitis; one (presenting at autopsy the "central neuritis" changes) was due to a combination of alcoholism, cirrhosis of the liver and pulmonary tuberculosis; another had fatal heart and kidney disease with dropsy; several followed childbirth. Two were instances of transitory derangement in foreigners of the immigrant class subjected to the fatigue and excitement of travel.

Depression not sufficiently differentiated: The four cases considered under this head were profoundly melancholy from sufficient cause. Their symptoms disappeared under the influence of new surroundings and conditions and recovery ensued in each case. Two were young girls who rebelled against the monotony and the discipline of institution (orphan asylum) life.

Symptomatic melancholia: One man, two women. One of these cases bore an intimate relation to organic heart disease, another was caused by an attack of gonorrhoea, and the third was attributed to pelvic disorders, and in part to domestic worries. The patient with heart lesion died; the others are recovering.

Depressive hallucinosis: One man, six women. These cases are of indefinite etiology except one, due to syphilis and disease of the middle ear, and one (the man) following overwork and excessive smoking; this is the only one so far recovered.

Involution melancholia: Three men, 11 women. Two died; one recovered; two are improving.

Paranoic condition: Eight men, 10 women. One of the cases included here is a typical hypochondriasis of long duration. Of particular interest are two young women who were closely associated and who developed simultaneously identical religious delusions ("induced insanity").

Dementia praecox: 21 men, 17 women.

Hebephrenic form	19
Katatonic form	5
Paranoic form	12
Doubtful.	2
	<hr/>
Total.	38
	<hr/> <hr/>

BUFFALO STATE HOSPITAL — ANNUAL REPORT

One woman was 48 years old at time of onset, the others were young persons.

Manic depressive insanity: 29 men, 30 women.

These are grouped as follows:

Phase of excitement	45
Phase of depression	8
Both phases during present attack.....	6
Total.	59

Number of attacks.

1st attack	25
2d attack	16
3d attack	7
4th attack	2
5th attack	2
6th attack	1
8th attack	1
9th attack	1
10th attack.	1
Uncertain.	3
Total.	59

Of the 31 patients who have had more than one attack the disease recurred in the same form in 24 and in dissimilar form in only seven.

Allied to manic depressive: One man, three women. These cases had recurring attacks, with slight deterioration or none at all; but the symptoms were not typical, or additional features were present.

Constitutional inferiority: One man, five women. A miscellaneous group comprising three cases of mental weakness not far removed from imbecility; one of compulsive insanity on the basis of bad heredity (mother, sister and aunt epileptic); one of recurring depression also in an individual with insane antecedents; and finally a case characterized by a lifetime of foolish and irresponsible conduct.

Neurasthenic and psychasthenic states: Five men, two women. One died; one is evidently a chronic case; four recovered and one went home much improved.

Hysterical insanity: One man (youth); three women. The

BUFFALO STATE HOSPITAL — ANNUAL REPORT

young man was an interesting case; under the strain of an arrest for crime he lapsed into the confusional state described as "Ganser's symptom complex," from which he suddenly emerged two weeks later with amnesia for that period. He made a good recovery in the course of six months. One of the women committed suicide after going home; the other two are still under treatment.

The cases of *epilepsy*, *imbecility* and *idiocy* presented nothing of unusual interest.

Unclassified: 24 cases. Some of these are the most recent admissions, and in them a diagnosis may later be possible; but most of them are atypical forms of insanity or else patients who are unusually inaccessible.

A resume of the pathological work of the hospital for the past year is hereby given by Dr. Joseph B. Betts:

Fifty-six autopsies have been done during the year, and material from each case has been preserved and examined microscopically. The brains of 11 cases of general paralysis were examined, and all showed diffuse plasma-cell infiltration of the cortical vessels. In one case of the tabetic type, this condition was very slight and macroscopically the brain showed almost no signs of general paralysis, the diagnosis being quite in doubt until the microscopical examination was made. Several other cases were in doubt clinically, and one or two cases resembling general paralysis were found to be cases showing arterio-sclerotic changes in the brains. In none of the 11 cases examined, were gummata or other definite signs of syphilis found in the brain and viscera.

The brains from the senile cases showed various degrees of arterio-sclerosis from a thickening of the vessel walls to extreme cortical wasting with wedges of sclerosis and multiple softenings. Other organic brain lesions found, were,— one case of pachymeningitis hemorrhagica with bilateral dural cysts filled with old blood clots compressing the hemispheres, death being due to hemorrhage into the cortex of the insula and its immediate neighborhood. In a young man with heart disease, an embolic softening was found in the right lenticular nucleus. One case with a definite syphilitic history and marked arterio-sclerosis, showed a large area of softening in the right hemisphere.

The brains of three epileptics were examined without noteworthy findings.

In three cases nearly all the Betz cells in the paracentral lobules showed axonal alteration, and two of these cases clinically presented

BUFFALO STATE HOSPITAL — ANNUAL REPORT

the picture of "central neuritis" described by Dr. Meyer (*Brain* — Spring 1901, p. 47). One, a woman 44 years of age, with marked alcoholic history, tuberculosis of the lungs and fatty cirrhosis of the liver. Clinically there were marked delirium, rigidity and jactitation of the extremities, death occurring one week after the onset of the delirium. The second case was a woman 60 years of age who had been very much demented for over 20 years and who died from "exhaustion." Just previous to death there was noticed rigidity of the extremities and moderate diarrhoea. No other definite causes of death were found at the autopsy, except that the patient was poorly nourished and much emaciated. Case 3. A man 58 years of age, with involution melancholia, died without any definite acute disease, but with gradual failure and inanition. No definite central neuritis symptoms were noticed, but most of the Betz cells showed the characteristic change.

Two rather interesting cases of syphilis came to autopsy,— one a man 48 years old, who had been an inmate of the institution for many years, showing a paranoid condition (alcoholic), died suddenly of angina pectoris. The brain showed no syphilitic changes, but the aorta was found to be extensively diseased showing calcareous and ulcerated atheroma, which microscopically proved to be gummatous showing many giant cells and a great amount of infiltration with lymphoid, and plasma-cells. In the liver and spleen there were many old fibrous and calcareous miliary gummata. No very definite history of syphilis had been obtained and there were no external evidences of the disease. The second case was that of a woman 36 years of age; syphilis positively denied, and there were no external evidences except a few atrophied scars on the legs and a slight thinning of the hair. A few months before admission after a fall, a peculiar hallucinatory delirium developed, the hallucinosis suggesting the presence of vertigo; shortly after admission the mental condition cleared up and the patient seemed nearly well, showing good insight of previous condition, but died quite suddenly with symptoms of intracranial pressure. At the autopsy, a gumma the size of a hickory nut was found imbedded in the left anterior perforated space surrounding the lenticulostriate artery, and there was a small hemorrhage into the tegmentum of the pons. There were no other macroscopic gumma but microscopical examination of the liver revealed many minute gummata.

Tuberculosis was found in 14 cases, and in all but two seemed

BUFFALO STATE HOSPITAL — ANNUAL REPORT

to be the direct cause of death. In several of the cases the spleen, liver, intestines, as well as the lungs were affected. In two cases tubercular pericarditis was present and in one of these cases, thrombosis of the jugular vein, the wall of which showed advanced tubercular lesions. In one case which died of an abscess affecting the whole right lobe of the liver, the abscess wall showed advanced tuberculosis and no evidences of tuberculosis were found elsewhere. Acute lobar pneumonia was the cause of death in two cases, and broncho-pneumonia was an almost constant cause of death in the cases of senile dementia and general paralysis. Arterio-sclerosis in some degree was an almost constant finding. The vessels of the spleen and kidneys being most noticeably sclerotic, but in some cases with marked cerebral arterio-sclerosis, and there was little if any general sclerosis of the vessels. Kidney changes are very frequently found — usually moderate interstitial nephritis or marked arterio-sclerotic contraction. Malignant tumors were found as follows: Giant cell sarcoma of the jaw and tibia; carcinoma of the uterus; adenoma of lungs, pancreas, mesentery and omentum; a small hypernephroma of the kidney.

Material from operations, blood, sputum and urine, have been examined as a routine measure, and several museum specimens have been prepared chiefly by glycerine jelly method, and a number of brain dissections have been added to the museum. Sixteen brains have been sent to the Pathological Institute and reports received therefrom.

Changes in the medical staff have been as follows:

Dr. Paul B. Brooks, of Norwich, N. Y., resigned March 31, 1906, to engage in private practice at his home, having left an excellent record of work in the institution. The vacancy left by his resignation was filled by the appointment of Dr. George W. Mills, of Saybrook, L. I., April 21, 1906, who, later at his own request, was transferred to the State hospital at Central Islip, Long Island, and this vacancy was filled by Dr. William W. Wright, of Oswego, his name having been taken from the eligible list.

The ophthalmological department has been under the care of Dr. F. Park Lewis, of Buffalo, as heretofore, and with the same satisfactory results. The same may be said of the dental work of the institution under the care of Dr. C. A. Bradshaw, who has occupied the position for a number of years, and who reports 792 dental

BUFFALO STATE HOSPITAL—ANNUAL REPORT

operations during the past year, in addition to the work of making, repairing, etc., of artificial teeth.

The lectures of the training school have been carried on as heretofore, and all the members of the staff have been engaged in giving instruction. Following is a list of graduates of the training school for the year 1906:

Men	Women
BOND, JOHN A.	ARGUS, ELLA M.
CONDON, THOMAS.	BEANE, SATA M.
MOORE, AUDREY D.	CANNON, ISABEL S.
	BURLINGHAM, MINNIE.
	DOUGHERTY, BERNADETTE.
	GOODWIN, BLANCHE L.
	MUGG, ANNA.
	RILEY, MARY T.

Visits made by the Commission in Lunacy during the past year have been as follows: October 8th and 9th, Dr. Mabon, Mr. Parkhurst, Mr. Lockwood and Secretary McGarr. June 3, 1906, Dr. Pilgrim, Mr. Parkhurst and Secretary McGarr. July 25th, Mr. Viele.

Dr. William L. Russell, medical inspector, visited February 5, May 4, and September 10, 1906.

EMPLOYMENT

Employment and occupation have long been recognized as the best agents for promoting recovery and securing contentment. In fact, recovered patients frequently inform us that they felt their recovery dated from the time when they were first able to occupy themselves in some regular, useful manner. A list of the different forms of occupation taken from a single representative day is appended hereto. Of course, many of the patients are too ill to engage in any occupation, but of the 1687 patients in the hospital on that day, 955 were employed in some occupation, the different forms of which are shown below:

Dining-rooms.	182
Dormitories.	113
Fancy work	24
Ward work	304
Sewing.	105
Baker.	2

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Barber.	1
Carpenter.	1
Cottages.	12
Firemen.	14
Kitchen.	26
Laundry.	84
Mason.	1
Mattress-making.	4
Offices and halls.	6
Painter.	1
Sewing-room.	31
Shoemaker.	6
Storekeeper.	2
Tailor.	5
Farm.	4
Lawns.	4
Stables.	4
Tinsmith.	2
Florist.	1
Lanterns.	2
Coal house	10
Basement.	4

955

I wish to note that the board of managers has held monthly meetings at the hospital, inspected the buildings, talked with patients, been present at meal times, amusements, etc., and has regularly submitted its report for each meeting to the Governor. Following are the items which have been presented to the Commission in Lunacy by the managers for consideration by the Legislature this year:

Refrigerator plant.

Coal conveyor.

Railroad track scales.

Fitting up shops for tailor and shoemaker over present work-shops.

New concrete top on tunnel from main building to engine room.

Handkerchief mangle for washroom, and collar and cuff shaper.

Changing plumbing of sinks in dining-rooms from wards 2 to

BUFFALO STATE HOSPITAL — ANNUAL REPORT

New closets for wards 19, 20, 21, 22 and 23.

New roofs on verandas, wards 19, 20, 21 and 22.

Electric cloth cutting machine for workroom.

Cement walks.

New wire fence from Boulevard to Forest avenue on Rees street.

Tuberculosis pavilion.

New bath tubs, fixtures and repairs to men's wards, main building.

Hydrotherapeutic apparatus, Elmwood building, women's wards.

RELIGIOUS SERVICES

Religious services were held regularly by clergymen of different denominations in this city, and frequent visits have been made by them to the sick. The following clergymen have conducted the services:

Rev. Charles E. Rhodes.

Rev. W. M. Rownd.

Rev. Frank F. Blessing.

Rev. Byron H. Stauffer.

Rev. George B. Richards.

Rev. Richard E. Locke.

Rev. Robert Scott.

Rev. J. H. McGrath.

Rev. Thomas W. Berry.

Rev. Israel Aaron.

The library is in constant use by patients and employees, 3,290 books having been drawn out, and 114 new books having been added during the past year.

The hospital finds itself indebted at the close of the year for gifts of books, magazines, papers, etc., to the following persons, to whom thanks are extended: Mr. Woodward, Mrs. C. P. Stevenson, Mrs. Tracy C. Becker, Rev. Robert Scott, Dr. and Mrs. Rich, Miss Stillman, Mrs. H. G. Hopkins and Mrs. J. M. Richmond.

We also wish to thank the following named newspapers for free copies of their papers, which have been greatly appreciated: Batavia Daily News, Buffalo Sunday News, Rochester Abendpost, Le Roy Gazette, Niagara Courier, Allegany County Democrat, Olean Democrat, Cattaraugus Republican, Seneca County Courier, Mount Morris Union, Steuben Courier, Batavia Times, Buffalo Evening News, Ontario County Journal.

The hospital now contains 10 pianos, one pianola, three organs, three pool tables and one billiard table, and all are in daily use and form a means of recreation and amusement. Fortnightly

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dances have been continued as heretofore. The following entertainments were given:

W. H. McCollin, musical and literary entertainment.

Mrs. Merchant and friends, theatrical entertainment.

Miss I. Von Liebich, musical entertainment.

Minstrel show by employees.

Musical entertainment by Mr. and Mrs. Farnham.

Musical by Fred E. Hensell.

Father Carr and company "Lady of Lyons."

Musical entertainment by employees.

Mandolin Club, Masten Park high school.

Buffalo Letter Carriers' Band,—concert.

Comedy — "Bloodless Warfare," by George Benson and others.

Cantata — by Edith Moore and others.

Piano recital by Mr. Von Liebich and daughter.

John Rummell, "Merchant of Venice."

Comedy — "Who's Who?" by Mr. Balsier and others.

Stereopticon lecture on "Ireland," by R. Turner.

Entertainment by O. C. Hall and company. (Colored).

Stereopticon lecture on Astronomy by Professor Brooks.

Card party.

Masquerade dance.

May 28th, 30 women patients attended a circus in the city.

May 29th, 31 men patients attended a circus in the city.

July 13th, 48 women patients were given a picnic down the river.

The employees have worked hard and faithfully, and I hereby wish to acknowledge my indebtedness to them, knowing that in large measure the success of the institution depends upon their conscientious performance of duty.

To the members of the board of managers and the Commission in Lunacy, I wish hereby to make acknowledgment of our indebtedness for their faithful visits and conscientious work for the welfare of the patients. Ever ready to give assistance and advice, I feel that we have been particularly fortunate in having such efficient boards of management, able and willing to give time to the needs of the institution. It is with sorrow that I chronicle the death of the Hon. D. N. Lockwood, legal member of the Commission in Lunacy, which occurred in June last. His advice was ever ready, his help always efficient, and his heart always kind.

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The officers, employees, and patients of the institution, felt at his death that they had lost a wise counselor and a faithful friend.

Population	Male	Female	Total
Number of inmates present at beginning of fiscal year	779	922	1,701
Number received during the year	226	181	407
Number discharged or died during the year.	206	162	368
Number at end of fiscal year.	799	941	1,740
Daily average attendance (i. e. number of inmates actually present) during the year.	778	913	1,691
Average number of officers and employees during the year	162	169	331

EXPENDITURES

CURRENT EXPENSES

Salaries and wages	\$138,002	54
Clothing.	11,737	12
Subsistence.	115,526	45
Ordinary repairs.	7,196	96
Office, domestic and outdoor expenses	54,790	14
Total.	\$327,253	21

EXTRAORDINARY EXPENSES

New buildings, land, etc.	\$97,142	51
Permanent improvements to existing buildings.	9,749	66
Total.	\$106,892	17
Grand Total	\$434,145	37

STEWARD'S REPORT

Stock Report

Horses.	11
Swine.	340
Chickens.	250

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Farm Report

Straw, tons	30
Hay, tons	51½
Oats, bushels	650
Wheat, bushels	374
Barley, bushels	83
Pork, pounds	23,483
Lard pounds	9,249
Eggs, dozens.	661
Poultry, pounds	128

Garden Products

Asparagus, bunches	425
Beans, bushels.	75
Beets, bushels.	284
Corn, ears	1,750
Celery, bunches	3,579
Carrots, bunches	54½
Cabbage, tons	15.067
Cauliflower, heads	117
Cucumbers, bushels	49
Egg plant, pounds.	64
Grapes, pounds	2,320
Lettuce, bushels	295.5
Onions	121½
Parsley, bunches	30
Pepper, dozens	10
Pumpkins, tons	4
Parsnips, bushels	139
Peas, bushels	79
Radishes, bunches	1,942
Rhubarb, bunches	1,058
Squash, pounds	120
Spinach, bushels	157½
Turnips, bushels	118
Tomatoes, bushels	133

EIGHTEENTH ANNUAL REPORT OF THE
BUFFALO STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	799	922	1,701
Admitted during year ending September 30, 1906.....	226	181	407
On original commitments:			
From residences.....	218	178	396
By transfers from other institutions for insane.....	8	3	11
Total number under treatment during year...	1,005	1,103	2,108
Daily average population.....	778	913	1,691
Capacity of institution.....	771	907	1,678
Discharged during year:			
As recovered.....	58	34	92
As improved.....	47	44	91
As unimproved.....	13	19	32
As not insane.....	15	5	20
Died.....	73	60	133
Whole number discharged during year.....	206	162	368
Remaining October 1, 1906.....	799	941	1,740

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TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	1880
Total acreage of grounds and buildings	183
Value of real estate, including buildings	\$2,606,892 17
Value of personal property	119,798 15
Acreage under cultivation	61.5

Receipts during year, maintenance fund:

Balance on hand October 1, 1905	\$1,800 81
From State treasury for maintenance on estimates, 1 to 12, inclusive	327,425 70
From private patients	8,538 68
From reimbursing patients	28,660 40
From all other sources	1,183 02

Total receipts for maintenance	\$367,608 61
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Total receipts from State Commission in

Lunacy for extraordinary improvements.	\$34,320 86
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$19,416 80
Estimate No. 2. For wages	118,585 74
Estimate No. 3. For provisions and stores	115,526 45
Estimate No. 4. For ordinary repairs	7,196 96
Estimate No. 5. For farm and grounds	2,696 51
Estimate No. 6. For clothing of patients	11,737 12
Estimate No. 7. For furniture and bedding	11,590 00
Estimate No. 8. For books and stationery	1,771 53
Estimate No. 9. For fuel and light	27,230 05
Estimate No. 10. For medical supplies	2,597 57
Estimate No. 11. For miscellaneous expenses	7,935 75
Estimate No. 12. For transportation	968 73

Total disbursements, estimates 1 to 12,

inclusive	\$327,253 21
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Sundry receipts	\$37,326 55
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	34,320 80
General maintenance fund (check to central treasurer)	3,156 32
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive	3.721

Maximum rate of wages paid attendants:

Men	\$42 25
Women	36 00

Minimum rate of wages paid attendants:

Men	22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 11.19
Proportion of night attendants to average daily population	1 to 48.31
Percentage of daily patient population engaged in some kind of useful occupation	53
Estimated value of farm and garden products during year	4,367 48
Estimated value of articles made or manufactured by patients during year	21,539 92

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)		8	8				
Mental strain, worry and overwork (not included in above)	14	21	35		2	2	5
Religious excitement		2	2				
Love affairs (including seduction)	1		1				
Fright and nervous shock		2	2				
Physical:							
Intemperance	55	14	69	3		3	10
Sexual excess	1		1				
Venereal diseases	24	5	29				5
Masturbation	5		5				
Accident or injury	17	2	19	1		1	5
Pregnancy		1	1				
Parturition and puerperium		10	10		1	1	
Lactation		3	3				
Change of life		7	7				
Fevers	3	2	5				
Privation and overwork	2	1	3				
Epilepsy	7	8	15		1	1	1
Diseases of skull and brain	2	3	5				2
Old age	20	14	34		1	1	7
Exophthalmic goitre		4	4				
Abuse of drugs		1	1				
Loss of special sense		1	1				1
All other bodily disorders and ill health	12	16	28		1	1	1
Hereditary	16	18	34	16	18	34	
Congenital defect	7	5	12				3
Unascertained	28	27	55	1		1	13
Not insane	9	6	15	1		1	4
Diseases of nervous system	3		3				
Total	226	181	407	22	24	46	57

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TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	46	20	2
General paralysis.....	44	.....	26
Senile insanity.....	36	.....	24
Epilepsy with insanity.....	18	.....	6
Imbecility, idiocy with insanity.....	12	.....	.....
Other psychoses.....	236	72	75
*Not insane.....	15
Total.....	407	92	133

*Includes cases of alcoholism, drug habit, etc.

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TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	27	9	36	3	...	3	331	281	612	29	14	43
One to three months.....	12	11	23	22	9	31	204	187	391	266	134	400
Three to six months.....	4	6	10	20	9	29	97	105	202	272	250	522
Six to nine months.....	5	1	6	5	11	16	54	55	109	148	165	313
Nine months to one year.....	1	2	3	...	1	1	23	15	38	78	80	158
One year to eighteen months.....	2	2	4	5	3	8	46	36	82	64	75	139
Eighteen months to two years.....	...	...	...	2	...	2	9	14	23	29	31	60
Two to three years.....	2	...	2	...	1	1	24	25	49	19	29	48
Three to four years.....	1	1	2	...	...	...	16	7	23	9	15	24
Four to five years.....	...	...	...	...	...	...	4	2	6	7	5	12
Five to ten years.....	...	...	...	1	...	1	6	8	14	6	5	11
Ten to twenty years.....	1	...	1	...	...	...	9	7	16	...	...	...
Unascertained.....	3	2	5	104	61	165
Total.....	58	34	92	58	34	92	927	803	1,730	927	803	1,730

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....		1	1	1	7	8
Diphtheria.....				2		2
Erysipelas.....	1	2	3	16	5	21
Septicemia and pyemia.....				9	2	11
Dysentery.....				18	25	43
Syphilis.....				1		1
Tuberculosis.....	10	12	22	91	81	172
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....		1	1		3	3
Diseases of the digestive system:						
Diseases of the stomach.....				2	2	4
Diseases of the intestines.....	7	3	10	42	43	85
Diseases of the liver.....	1		1	6	4	10
Diseases of the peritoneum.....	1		1	6	2	8
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				2	1	3
Diseases of the bronchi.....		1	1	1	6	7
Diseases of the lungs.....	6	9	15	76	75	151
Diseases of the pleura.....				9	1	10
Diseases of the circulatory system:						
Diseases of the pericardium.....	1	2	3	2	4	6
Diseases of the heart.....	5	3	8	51	58	109
Arterio-sclerosis.....	2	2	4	16	12	28
Aneurism.....				3	2	5
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				2	4	6
Hodgkin's disease, Addison's disease and myxedema.....				1	1	2
Exophthalmic goitre.....					3	3
Diseases of the genito-urinary system.....	1	3	4	35	40	75

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the spinal cord.....				4	1	5
Diseases of the meninges.....	2	.....	2	24	13	37
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	3	5	71	55	126
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....					3	3
Epilepsy.....	2	1	3	37	21	58
Mental diseases:						
Exhaustion of acute mental disease.....	5	7	12	102	95	197
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	22	4	26	299	68	367
The intoxications; heat-stroke; obesity:						
Alcoholism.....				1	.....	1
Opium habit.....				1	.....	1
Debility of old age.....	5	3	8	120	107	227
Accident.....				4	3	7
Suicide.....				10	6	16
Surgical and gynecological diseases and diseases of the skin.....				7	4	11
Malignant new growths or cancer.....		3	3	15	28	43
Total.....	73	60	133	1,087	785	1,872

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	17	14	31	276	232	508
Maternal branch.....	18	20	38	257	304	561
Paternal and maternal branches.....	9	4	13	41	28	69
Collateral branches....	12	21	33	289	411	700
No hereditary tendency	131	104	235	2,112	1,737	3,849
Unascertained.....	39	18	57	1,212	1,052	2,264
Total.....	226	181	407	4,187	3,764	7,951

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	111	69	180	1,907	1,281	3,188
Married.....	94	69	163	1,835	1,739	3,574
Widowed.....	17	38	55	370	684	1,054
Divorced.....	4	5	9	31	40	71
Unascertained.....	.....	.....	.....	44	20	64
Total.....	226	181	407	4,187	3,764	7,951

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	10	.....	10	80	9	89
Academic.....	7	11	18	199	179	378
Common school.....	180	145	325	2,642	2,287	4,929
Read and write.....	11	8	19	438	315	753
Read only.....	5	3	8	191	217	408
No education.....	8	9	17	258	275	533
Unascertained.....	5	5	10	379	482	861
Total.....	226	181	407	4,187	3,764	7,951

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906					SINCE OCTOBER 1, 1888						
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	7	11	18	8	6	14	92	80	172	188	108	296
One to three months.....	6	9	15	6	7	13	125	84	209	136	84	220
Three to six months.....	3	6	9	7	1	8	78	74	152	110	85	195
Six to nine months.....	7	3	10	3	1	4	76	39	115	83	64	147
Nine months to one year.....	1	.....	1	3	3	6	23	11	34	71	46	117
One year to eighteen months.....	14	8	22	6	6	12	103	49	152	96	71	167
Eighteen months to two years.....	2	1	3	3	3	6	33	16	49	65	35	100
Two to three years.....	7	.....	7	11	3	14	86	57	143	128	66	194
Three to four years.....	3	3	6	2	6	8	53	37	90	67	50	117
Four to six years.....	6	1	7	5	5	10	58	37	95	71	64	135
Six to ten years.....	5	5	10	11	9	20	62	49	111	55	82	137
Ten to twenty years.....	7	5	12	8	10	18	77	50	127	16	27	43
Twenty years and over.....	1	2	3	.....	.....	.....	40	46	86	.....	2	2
Not insane*.....	.....	.....	.....	.....	.....	.....	2	2	4	1	1	2
Unascertained.....	4	6	10	.....	.....	.....	179	154	333	.....	.....	.....
Total.....	73	60	133	73	60	133	1,087	785	1,872	1,087	785	1,872
Average duration of insane life (years and tenths)....				7.7	8.4	8	5.7	6.8	6.2

* Includes cases of alcoholism, drug habit, etc.

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TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...				1		1
From 10 to 15 years...	1	1	2	13	11	24
From 15 to 20 years...	12	13	25	170	150	320
From 20 to 25 years...	26	18	44	351	276	627
From 25 to 30 years...	21	16	37	463	386	849
From 30 to 35 years...	27	20	47	508	472	980
From 35 to 40 years...	33	24	57	612	471	1,083
From 40 to 50 years...	51	33	84	870	767	1,637
From 50 to 60 years...	22	21	43	568	579	1,147
From 60 to 70 years...	16	23	39	360	364	724
From 70 to 80 years...	16	11	27	200	214	414
From 80 to 90 years...	1	1	2	61	63	124
Over 90 years.....				1	5	6
Unascertained.....				9	6	15
Total.....	226	181	407	4,187	3,764	7,951

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	4	3	7	61	81	142
From 20 to 30 years...	11	9	20	248	255	503
From 30 to 40 years...	18	10	28	266	225	491
From 40 to 50 years...	18	5	23	207	137	344
From 50 to 60 years...	5	6	11	98	79	177
From 60 to 70 years...	2	1	3	39	19	58
From 70 to 80 years...				8	7	15
Total.....	58	34	92	927	803	1,730

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...	1	.....	1	3	2	5
From 15 to 20 years...	1	.....	1	16	7	23
From 20 to 25 years...	2	1	3	35	19	54
From 25 to 30 years...	4	3	7	44	40	84
From 30 to 35 years...	8	4	12	97	55	152
From 35 to 40 years...	7	5	12	151	71	222
From 40 to 50 years...	13	10	23	225	122	347
From 50 to 60 years...	15	9	24	180	141	321
From 60 to 70 years...	7	12	19	153	146	299
From 70 to 80 years...	13	10	23	129	118	247
From 80 to 90 years ..	2	6	8	50	59	109
Over 90 years.....	.....	.....	.....	1	5	6
Unascertained.....	.....	.....	.....	3	.....	3
Total.....	73	60	133	1,087	785	1,872

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	56	30	86
One to three months.....	30	35	65
Three to six months.....	17	17	34
Six to nine months.....	12	7	19
Nine months to one year.....	8	4	12
One year to eighteen months.....	21	18	39
Eighteen months to two years.....	2	5	7
Two to three years.....	18	13	31
Three to four years.....	8	11	19
Four to five years.....	3	1	4
Five to ten years.....	13	11	24
Ten to fifteen years.....	4	6	10
Fifteen to twenty years.....	6	2	8
Twenty to thirty years.....	7	2	9
Thirty years and upwards.....	1	3	4
Not insane*.....	9	6	15
Unascertained.....	11	10	21
Total.....	226	181	407

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 16

Showing period of residence in hospital of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	15	16	31
One to three months.....	40	35	75
Three to six months.....	32	32	64
Six to nine months.....	13	23	36
Nine months to one year.....	26	25	51
One year to eighteen months.....	43	42	85
Eighteen months to two years.....	34	32	66
Two to three years.....	41	60	101
Three to four years.....	47	46	93
Four to five years.....	42	46	88
Five to ten years.....	277	302	579
Ten to fifteen years.....	150	225	375
Fifteen to twenty years.....	34	47	81
Twenty to thirty years.....	5	10	15
Total.....	799	941	1,740

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17.

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc....	7	2	9	156	14	170
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	44	.....	44	627	10	637
Agricultural and pastoral:						
Farmers, gardeners, herdsman, etc.....	16	.....	16	588	.....	588
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	43	.....	43	770	.....	770
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	32	.....	32	464	.....	464
Domestic service:						
Waiters, cooks, servants, etc.....	3	47	50	47	834	881
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	4	107	111	39	2,206	2,245
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	3	3	.....	50	50

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Table No. 17 (*Concluded*)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.		7	7	.....	146	146
Miners, seamen, etc.	2	.....	2	47	.....	47
Prostitutes.					16	16
Laborers.	68	.....	68	1,168	.....	1,168
No occupation.	7	15	22	229	421	650
Unascertained.				52	67	119
Total.	226	181	407	4,187	3,764	7,951

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Antigua.....				1		1
Austria.....	3		3	21	15	36
Africa.....				2		2
Armenia.....				1		1
Australia.....				2		2
Barbadoes.....				2		2
Bavaria.....	1		1	1		1
Belgium.....				1	1	2
Brazil.....				1		1
Canada.....	12	11	23	157	235	392
China.....				1		1
Cuba.....				1	1	2
Denmark.....				7	2	9
England.....	11	6	17	131	129	260
Finland.....		1	1	3	2	5
France.....				21	12	33
Germany.....	20	23	43	553	555	1,108
Greece.....				2		2
Holland.....		2	2	6	11	17
Hungary.....				11	7	18
Indian (American).....				5	6	11
Ireland.....	12	12	24	343	502	845
Italy.....	5	4	9	57	24	81
Jamaica.....	1		1	1	1	2
Malta.....				1		1
Newfoundland.....		1	1		2	2
Norway.....	2		2	9	4	13
Poland.....	11	5	16	84	90	174
Russia.....	2	1	3	23	24	47
Scotland.....	2	1	3	25	30	55
Spain.....					1	1
Sweden.....	1		1	53	44	97
Switzerland.....	1		1	19	10	29
Wales.....	1		1	5	4	9
United States.....	140	114	254	2,551	1,973	4,524
Unascertained.....	1		1	86	79	165
Total.....	226	181	407	4,187	3,764	7,951

Of the total number admitted since the 1st of October, 1888, the parents of 60.84 per cent were both of foreign birth.

In 3.6 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.04 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....		1	1
Chautauqua.....	1		1
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	349	4	353
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	2		2
Montgomery.....			
Nassau.....			
New York.....			
Niagara.....	35	2	37
Oneida.....			
Onondaga.....			
Ontario.....		1	1
Orange.....			
Orleans.....	2		2
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			
Rockland.....			

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....	1		1
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....	6	2	8
Yates.....			
Soldiers' Home.....			
Total.....	397	10	407

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....		4	4			
Allegany.....	1	3	4			
Broome.....						
Cattaraugus.....	3	2	5			
Cayuga.....				1		1
Chautauqua.....		6	6		3	3
Chemung.....		1	1		1	1
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....	619	670	1,290	3	8	11
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....	2	13	15			
Greene.....						
Hamilton.....						
Herkimer.....		3	3			
Jefferson.....						
Kings.....						
Lewis.....						
Livingston.....	2	2	4	1		1
Madison.....		1	1			
Monroe.....	10	6	16	1	1	2
Montgomery.....						
Nassau.....						
New York.....	43	69	112			
Niagara.....	94	99	192		2	2
Oneida.....	1	2	3			
Onondaga.....		4	4			
Ontario.....				1		1
Orange.....						
Orleans.....	4	10	14			
Oswego.....						
Otsego.....						
Putnam.....						
Queens.....		2	2			
Rensselaer.....	1	5	6			
Richmond.....	1	5	6			
Rockland.....		1	1			

BUFFALO STATE HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
St. Lawrence.....						
Saratoga.....	1		1			
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....	3	1	4		1	1
Suffolk.....	1	1	2			
Sullivan.....		1	1			
Tioga.....						
Tompkins.....	1		1			
Ulster.....						
Warren.....						
Washington.....						
Wayne.....		1	1			
Westchester.....		3	3			
Wyoming.....	4	9	13	1	1	2
Yates.....						
Unascertained.....						
Total.....	791	924	1,715	88	17	25

TWENTY-EIGHTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Binghamton State Hospital

AT BINGHAMTON

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS

BOARD OF MANAGERS

MRS. KATHARINE ELY, President.....	Binghamton
JERVIS LANGDON, Secretary.....	Elmira
MISS ELLEN T. FISH.....	Oneida
ANDREW J. FRENCH.....	Oneida
GEORGE C. BAYLESS.....	Binghamton
WILLIAM MASON	Binghamton

COUNSEL

HARVEY D. HINMAN.....	Binghamton
-----------------------	------------

TREASURER

CHARLES G. WAGNER, M. D.	Binghamton
-------------------------------	------------

RESIDENT OFFICERS

CHARLES G. WAGNER, M. D.	Superintendent
HORACE W. EGGLESTON, M. D.	First Assistant Physician
ARTHUR P. SUMMERS, M. D.	Second Assistant Physician
EDWARD GILLESPIE, M. D.	Assistant Physician
JAMES V. MAY, M. D.	Assistant Physician
CHARLES G. LYON, M. D.	Assistant Physician
ELOISE WALKER, M. D.	Woman Physician
WILLIAM J. TIFFANY, M. D.	Junior Physician
WILLIAM A. HARRIS, M. D.	Medical Interne
EDWIN EVANS	Steward
MRS. LURA SINCLAIR	Matron

**Twenty-eighth Annual Report of the Managers of the Bingham-
ton State Hospital**

To the State Commission in Lunacy:

Gentlemen — We have the honor to submit herewith the 28th annual report of the Binghamton State Hospital for the year ending September 30, 1906.

Very respectfully yours,

KATHARINE ELY
JERVIS LANGDON
GEO. C. BAYLESS
ELLEN T. FISH
ANDREW J. FRENCH
WILLIAM MASON

ANNUAL REPORT

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen — In compliance with the provisions of the Insanity law the board of managers of the Binghamton State Hospital submit their annual report of the operations and management of the hospital for the year ending September 30, 1906. The board has held monthly meetings during the year at the hospital and has given careful attention to the manner in which its various departments have been operated. The wards have been visited on various occasions and the farms and gardens have been frequently inspected. The general health and comfort of the patients have been noted and it is with pleasure we record our belief that the hospital in all its departments is administered economically and with unremitting attention to the welfare of its inmates.

The new wards number 18 and number 19 where the superintendent's apartments were formerly were opened in February and they afford comfortable accommodations for 80 women patients who spend the daytime when indoors on these wards and who sleep in dormitories on the floor above where the chapel was at one time located. These wards have been well furnished and are now regarded as the most attractive wards in the hospital.

The new building Broadmoor designed for the insane of the more chronic class to the number of about 600 is progressing rapidly toward completion. The original plans which called for the kitchen, scullery and dining-rooms in the lower part of the main structure at the east end have been modified so that when completed these departments will be in a separate building connected with the main structure by means of corridors. This arrangement will tend to keep the odors of the cooking entirely away from the wards and dormitories where the patients will live and we are confident that it will prove much more satisfactory than the original plan.

The realization of the long felt need of a special hospital building for the care and treatment of the acute insane now appears to be assured in the near future. The foundations for this building have been laid on a beautiful site overlooking the valley of the Susquehanna river, and while within easy reach of the main building it is far enough away to practically remove it from any adverse influences that might arise if it were immediately adjacent to the buildings for patients of the more chronic class. It is hoped

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

that with this new building available it may be possible to bring patients suffering from an acute attack of insanity to the hospital, and give them the treatment which may bring about recovery, without its being necessary for them to come in contact with the other inmates of the institution at all. This arrangement we believe is a step far in advance of anything that has heretofore been done in the way of making special provision for the care of this class of insane persons.

With the addition to the population of the hospital which will accrue when the new accommodations are available, larger equipment will be necessary in various departments. This equipment has been to a great extent provided for by the appropriations made last winter for the enlargement of the laundry; for the purchase of the Park farm with its commodious cottage and farm buildings, and the special apportionment made by your Commission for the construction of a new oven in the bakery and other changes in this structure required to provide for the enlarged demands which will be made upon it. Other appropriations made by the Legislature last winter were for replacing automatic tanks in the toilet sections of a number of the wards by similar apparatus operated by hand, for the removal of the steam line from the west building to an outside duct; for improvements to the main steam line; for the removal of the cow barn, horse barn, piggery, slaughter-house, wagon shed, paint shop, etc., to the farm colony, and for the completion of the retaining wall along the river at the pumping station. The list of these appropriations with the amounts provided is as follows:

Enlargement of laundry equipment.....	\$10,556
Replacing automatic flush tanks with hand control apparatus	1,000
Repairs and furniture for Park farm cottage.....	3,000
Removal of steam line from west building to outside duct	1,700
Improvement to main steam line.....	3,100
Removal of cow barn, horse barn, piggery, slaughter house, wagon shed, paint shop, etc., to the farm....	7,500
Completion of wall at the river, and cement coping...	1,500

The work of constructing the enlargement to the laundry is now progressing; the additional oven and the other changes in the bakery have been completed; the wall at the river is practically

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

finished and some of the farm buildings referred to have been removed from the main hospital plant to the outlying farm colony. The buildings not yet removed will be allowed to remain where they are until next spring when this work will be completed.

Funds have been provided by your Commission for the reconstruction of ward 3 in the main building, but as it would be difficult to properly care for the patients on this ward during the period covered by the repairs it has been deemed best to defer such action until the opening of the new chronic building, Broadmoor, when these patients may be temporarily transferred to that structure.

Acting under your instructions test wells have been driven near the pumping plant at the river side with the result that we are satisfied an ample supply of good water may be obtained from such wells if proper pumping apparatus is provided. The other items for which special appropriations have been obtained will receive attention as soon as practicable.

The farming operations and the conduct of the gardens have afforded excellent results. The crops already harvested are above the average of previous years and those which have not yet been fully harvested give promise of highly satisfactory returns.

The cost of maintaining the hospital for the year ending September 30, 1906, as shown by the treasurer's report was \$308,003.71. This total is made up of the disbursements authorized by your Commission under the 12 headings known as estimates, as follows:

	Weekly per capita	Annual per capita	Total cost
Officers' salaries.....	\$0 210	\$10 905	\$16,858 80
Wages.....	1 430	74 369	114,974 17
Provisions and stores.....	1 081	56 218	86,913 26
Ordinary repairs.....	129	6 698	10,356 05
Farm and grounds.....	121	6 285	9,717 33
Clothing.....	107	5 551	8,581 67
Furniture and bedding.....	092	4 800	7,420 31
Books and stationery.....	023	1 232	1,904 07
Fuel and light.....	501	26 046	40,266 61
Medical supplies.....	023	1 182	1,828 30
Miscellaneous.....	089	4 626	7,152 19
Transportation of patients...	025	1 314	2,030 95
Total.....	\$3 831	\$199 226	\$308,003 71

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

The annual per capita cost for the year was \$199.226. This rate is slightly lower than last year, but it will undoubtedly be found to be materially higher than the average for the state hospital system of the state of New York. The chief cause for this somewhat higher per capita rate is to be found in conditions entirely beyond the control of the hospital management, for it is largely due to the excessive cost of operating the antiquated lighting, heating, and power plant which the hospital is now obliged to rely upon. We would, therefore, again emphasize the plea made in our report to your honorable body a year ago and elaborated in the superintendent's report which we append for the complete reconstruction of the lighting, heating and power equipment of the hospital and for a new heating system in the main building. With an up-to-date plant for these purposes we are confident that a great saving in the cost of operation would be effected.

As regards other betterments and repairs which seem to be necessary at the present time we would commend the following to your careful attention: a nurses' home for women; dining-rooms and kitchen for the new chronic building; additional water supply of a satisfactory character; glass enclosed verandas for wards 5 and 6; glass enclosed verandas for the west building; tuberculosis camps in connection with the pavilion, Edgewood; an electric truck for the transportation of supplies; the purchase of the Bump property on the east side of the main hospital premises; the purchase of additional land at the heating plant for a dumping ground; the enlargement of cold storage facilities in connection with the hospital store; the erection of a shed at the farm for storing farm wagons, machinery, tools, etc.; the provision of vitrified pipe sewer on the north side of the North building for the better disposal of sewage from the building; the improvement of the water distribution for fire purposes especially in the direction of the new building, Broadmoor; the construction of roads and walks in connection with the new building, Broadmoor, and the new hospital building for the acute insane, all of which are of the utmost importance and should be provided for without unnecessary delay. These items are discussed at length in the superintendent's report which we would commend to your careful consideration.

To recapitulate, the items asked for with the appropriations we believe will be required, are as follows:

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Reconstruction of the lighting, heating, and power plant, and new heating system for main building..	\$75,000
Nurses' home for women	81,000
Dining-room and kitchen for new chronic building...	50,000
Additional water supply	5,000
Water supply for Broadmoor, new chronic building..	2,500
Glass-enclosed verandas for wards 5 and 6	2,000
Glass-enclosed verandas for the West building	1,100
Enlargement of cold storage facilities	3,000
Tuberculosis camps	4,000
Roads and walks about the new buildings	5,000
Electric truck for the transportation of supplies	3,600
Painting	2,000
Additional land at the heating plant	1,000
Purchase of the Bump property .....	.....
Shed for storing farm wagons, machinery, tools, etc..	600
Vitrified pipe for sewer and surface water disposal..	500

It is with profound regret that we record the death of Cornelius F. McCormick, a valued member of this board, which occurred August 16, 1906. Mr. McCormick was one of the original appointees under the law creating the board of managers, and had served as a member from the date of its organization until his death. He had attended many of its meetings and had manifested a warm interest in the welfare of the patients. His death will long be felt as a great loss. We would also express our deep sense of loss through the death of a member of your Commission Hon. Daniel N. Lockwood, which occurred June 3, 1906.

In conclusion we would acknowledge our obligation to your Commission for the consideration you have at all times shown our board and for the courteous and liberal manner in which you have treated the many requests we have made for the betterment of the hospital and the promotion of the comfort of our patients.

Respectfully submitted,

KATHARINE ELY
ANDREW J. FRENCH
WM. MASON
JERVIS LANGDON
GEO. C. BAYLESS
ELLEN T. FISH

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

Ladies and Gentlemen — As required by the law governing the management of the state hospital system I have the honor to submit to your board my report of the operations and management of the Binghamton State Hospital for the year ending September 30, 1906. During the period covered by this report the removal of the superintendent's family from the main building to the new residence provided for him has made available additional accommodations for patients by utilizing his former apartments for ward purposes. Some alterations and additions were necessary and when these were provided we were able to care for 80 additional patients — 50 of whom were received from the Manhattan State Hospital on Ward's Island, New York city, February 28, 1906, and 30 were part of a transfer of 50 received October 10, 1905, and distributed throughout the hospital to relieve crowding at that institution. Their reception, however, caused some crowding on our own wards which was in turn relieved when the new wards 18 and 19 were opened.

The following table shows the movement of the patient population during the year:

	Men	Women	Total
Number in the hospital October 1, 1905	715	752	1,467
Received during the year	126	226	352
Discharged.			
Recovered.	38	34	72
Improved	16	22	38
Unimproved	14	15	29
Not insane . . . . .	..	1	1
Died	63	57	120
Remaining September 30, 1906....	710	849	1,559
Daily average population	712	834.4	1,546.4
Capacity of the institution	718	725	1,443

**BINGHAMTON STATE HOSPITAL—ANNUAL REPORT
ADMISSIONS**

Of the 352 patients admitted during the year 234 were brought from home, 10 from county houses, two from the Women's Relief Corps Home at Oxford, N. Y., one from Craig Colony for Epileptics at Sonyea, N. Y., one from Soldiers' Home at Bath, N. Y., and 104 from other institutions for the insane. Of the number admitted about 50 per cent had previously been under treatment in institutions for the insane, and 164 were over 50 years of age.

The total number of patients under treatment during the year was 1,819, the largest number under treatment at one time was 1,578, the average daily population was 1,546.4 and the number remaining under treatment at the end of the year was 1,559.

DISCHARGES

Of the 260 patients discharged during the year 72 were recovered, and of this number 30 were insane less than one month, 55 were insane less than six months previous to admission; 69 of the patients discharged as recovered were under treatment less than one year. 38 patients were discharged as improved, and of this number 36 were returned to their homes, and two eloped. 29 patients were discharged as unimproved, 22 returned to the care of their friends, four eloped, and three were transferred to other institutions for the insane.

There were 120 deaths during the year, and of this number 62 were suffering from terminal dementia. The average duration of insanity previous to admission of those who died was three years and five months; the average period under treatment was five years, and the average age was 61 years. Of those who died 33 were suffering from disease of the heart; nine from diseases of the lungs—pneumonia, etc.; 12 from enteritis, and nine from general paresis. Six men and seven women died from tuberculosis in the tuberculosis pavilion, Edgewood.

PATHOLOGICAL LABORATORY

New impetus has been given to the pathological work in the hospital laboratory by the State Commission in Lunacy through the arrangement made with that body for delegating a member of the staff for a special three months course of study and instruction at the Pathological Institute on Ward's Island, New York city. Dr. James V. May, one of the assistant physicians, was selected for this service and he remained at the institute from the

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

middle of January until the middle of April. On his return to the hospital he immediately began to devote a large part of his time to the laboratory work with gratifying results. The year was far spent but the following record bears evidence of his industry. There were 44 autopsies during the year, bearing a relation of 36.66 per cent to the total number of deaths. Of these six were cases of general paresis; 26 terminal dementia; four acute melancholia; two epilepsy; three chronic melancholia; two chronic mania, and one imbecility.

The following table shows the causes of death found at the autopsies:

General paresis	6
Chronic endocarditis and other cardiac conditions....	11
Carcinoma of the intestines and cirrhosis of the liver...	1
Acute gastritis	1
Pyonephrosis	1
Typhoid fever	1
Cerebral hemorrhage	1
Gangrene of the lung	1
Pneumonia.	4
Intussuception	1
Epithelioma of the dura.....	1
Subdural hemorrhage	1
Carcinoma of the duodenum and pancreas.....	1
Phthisis.	8
Cerebral softening and arterial sclerosis	1
Peritonitis.	1
Gangrene of the foot	1
Rupture of the aorta	1
Dysentery.	1
Total.	44

A brief extract of the features of the more interesting cases follows:

Case 647. General paresis — Atheroma of the tricuspid, mitral, aortic valves, and aorta, hypertrophy of the left ventricle. Large aneurism involving the entire arch of the aorta, practically filled with a firmly organized clot. The vessel itself was atheromatous and in places calcareous. No rupture of the coats of the vessel.

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Case 650. Cirrhotic liver — The stomach showed numerous petechial hemorrhages in the mucous membrane and was filled with an ink colored fluid. There was no growth of any kind in the stomach. The small intestines showed numerous small hemorrhages similar to those in the stomach. There were nodular growths from one-half to one centimeter in diameter, extremely hard and white in color along the line of the mesenteric attachment of the intestine and extending from the duodenum to the rectum. The appendices epiploica were enlarged, hard and white. The parietal peritoneum showed the same growths in various places, particularly around the left inguinal ring. There were numerous hardened white nodules in the walls of the small intestine. The omentum in a line parallel with the stomach was filled with hardened whitish nodules. The pancreas was involved in the new growth about 15 centimeters in diameter, of considerable firmness and whitish color, with a softened center containing pus. On microscopical examination the growths along the lines of the mesenteric attachment were found to be carcinomatous in character. The pancreatic growth was also apparently carcinomatous although not typical in character.

Case 653.— An intussusception was found in the small intestine extending over an area about 15 centimeters in length and situated below and to the left of the umbilicus. The intestinal walls were firmly fixed in place by adhesions but the lumen was not obstructed. Death was due to endocarditis and there were no symptoms referable to the intussusception.

Case 655.— Death due to typhoid fever. Typical lesions found at autopsy. Kidneys were large and pale, each one with two pelves and two perfect ureters about equal in size. On the right side there were two distinct openings into the bladder; on the left the ureters united just before opening into the bladder.

Case 656.— The descending colon was contracted to less than one-half its normal size for a distance of about 25 centimeters. The rest of the intestinal tract was normal — the constricted area was normal in character aside from its size.

Case 657.— A constriction similar to that in Case 656 and extending over an area of 20 centimeters.

Case 658.— Cerebral hemorrhage in a patient who fell down a stairway. On opening the dura a large amount of blood stained cerebro-spinal fluid escaped. The dura was adherent to the calvarium over the right half of the cerebrum. Over the right frontal

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and left temporal regions the brain substance was soft and adherent to the skull. There was congestion of the entire surface of the brain and examination of the calvarium showed many small hemorrhages apparently from the small vessels of the dura. There were extensive hemorrhages between the dura and the skull in the occipital region and similar ones over the frontal. There were large clots under the dura in the occipital region on both sides and similar ones under the frontal lobes. The membranes were all congested. A small fracture of the sphenoid bone extended from the upper right to the lower left hand corner of the sella-turcica. The blood from this apparently followed the cavernous sinus forward into the orbits and the clots found in the occipital region apparently came from the vessels ruptured by the shock in the vicinity.

Case 663.— Extensive area gangrene at the base of the right lung in a man who had been confined to bed for several weeks from failing compensation.

Case 666.— An epileptic who died of pneumonia and acute endocarditis. Small scattered areas of softening were found in the pons, optic chiasm, crura and corpora quadrigemina.

Case 668.— Patient who died without any abdominal symptoms but who refused food. The small intestines were a dull gray in color and the intussusception was found in the small intestine about one meter from the caecum and making apparently a nearly complete obstruction of the bowel. Faeces were found in small amounts above and below the obstruction.

Case 670.— A hard irregular, round tumor, weighing 70 grams was found in the left temporal region closely adherent to the dura over the petrous portion of the left temporal bone. The growth was somewhat rounded in shape and displaced without apparently involving the brain substances of the temporal lobe. Microscopical examination showed it to be an endothelioma of the dura.

Case 671.— Case of chorea. Patient after unusually active choreic movements for several days became unconscious and remained so for several days previous to his death. Autopsy showed a subdural hemorrhage covering the entire convexities of the hemispheres. Over the left the clot was whitish and somewhat mottled in color. It was partially firm and had the appearance of a membrane three or four millimeters in thickness. Over the greater portion of the right hemisphere the clot was of the same character, but in the temporal region extending to the base of the

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brain was a clot which was soft and dark red in color. The convolutions on the right side were much flattened. Subdural clots were present in spots over the entire area of the base.

Case 672.— Carcinoma of the duodenum. A growth about eight centimeters in diameter partially occluding the duodenum but not involving the pylorus. The stomach was full of blood, death having been caused by hemorrhage from the growth.

Case 673.— Subdural hemorrhage in an aged woman who died after an attack of diarrhoea lasting for a few days only. Several hemorrhages were present in the dura; the largest over the left occipital region where there was a clot one or two millimeters in thickness. There were several small hemorrhages over the left hemisphere and at the base of the right hemisphere.

Case 675. Patient died of tuberculosis, lungs being extensively involved. The appendix was seven centimeters in length and normal in size. The distal end was implanted into the wall of the ascending colon at a point about 18 centimeters above the lower end of the caecum. The end was apparently blind, there being no opening. The wall of the colon was reflected upwards around the appendix for about one centimeter, surrounding it thoroughly on all sides. The intestine at that point seemed to be perfectly normal with no signs of inflammation or ulceration. There were no adhesions at any place and this seems to have been a congenital anomaly. No opening into the appendix could be found at its caecal end and it presented the appearance of a fibrous cord.

Case 676.— Patient, a man of 56, had a complete hemiplegia of the right side eight days before death. The circle of Willis and other vessels were markedly atheromatous. There was an area of softening about one centimeter in diameter just above the posterior limb of the internal capsule on the left side but not involving it directly. There was no hemorrhage into the capsule.

Case 680.— Gangrene of the foot due to arterial sclerosis. There was a keloid growth about one to three centimeters in size in the lower jaw in a space where several teeth had been extracted.

Case 682.— Patient died of tuberculosis. About 25 feet of tape worm was found in the intestine. Three or four separate segments were found in the appendix.

Case 684.— Patient had hemiplegia of the right side three months and 13 days before death. Marked atheroma of the arteries generally. An area of softening was found in the mesial surface of the left hemisphere involving the left paracentral lobule,

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the mesial aspect of the first frontal convolution and extending backwards to within two centimeters of the parietal occipital fissure. On the external aspect of the hemisphere the superior parietal lobule, the anterior and post central convolution and part of the first frontal were involved. There was a considerable atrophy of the frontal convolutions. The softening was apparently due to an atheromatous occlusion of a branch of the left anterior cerebro artery. There was a large osteochondromatous growth at upper and anterior aspect of the femur, and a small dilatation of the pancreatic duct, at the juncture of the middle with left third of the pancreas.

Case 685.—A case of sudden death. Rupture of the wall of the aorta. A linear tear nearly two centimeters in length above the aortic valve and opening between the aorta and pulmonary arteries where a large clot extended downwards for about eight centimeters. There was about 100 cubic centimeters of blood in the pericardial sac.

Case 691.—Death due to phthisis. The kidneys were found to be markedly amyloid. The adrenals were amyloid and the vessel walls in the pancreas and liver had undergone amyloid degeneration. There was a congenital malformation of the appendix, that organ being only one-half centimeter in length.

Gall stones have been found in three cases only during the year, and in six cases healed tubercles were found, death having been due to entirely different causes.

CHEMICAL LABORATORY

In the chemical department of the laboratory there have been made by our chemist, Burt E. Nelson, for this hospital and the State hospital service generally during the past year 202 analyses of a miscellaneous nature. The following table shows the nature of these analyses:

Baking powders	2
Baking soda	1
Belt dressings	3
Boiler compounds	3
Boiler scales	3
Borax	6
Butter.	1
Caustic potash	3
Caustic soda	4

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Cements	9
Cheese	11
Cloth	12
Coals (analysis)	3
Coals (heating value)	7
Corn meal	2
Cream of tartar	7
Crude drugs	4
Dried currants	1
Gasoline	2
Hominy	1
Linseed oil	1
Liquors	4
Lubricating oils	4
Medicinal chemicals	57
Milk	3
Miscellaneous medicines	3
Molasses	3
Peptone mixture	1
Roach powders	2
Rolled oats	1
Sal soda	1
Other sodas	6
Soaps	2
Starch	2
Sugar	4
Syrup	3
Tea	1
Turpentine	2
Vinegar	3
Water supplies	3
Wheat farina	5
White lead	3
Witch hazel	1

The calorimetric measure of the heating value of fuels is a determination for which we have but recently been equipped and together with the analysis of furnace gases promises to furnish much useful information bearing on the economical use of coals. Other engineering materials have been looked after as required.

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The analysis of foods and other agricultural products submitted for or delivered on contracts from the various hospitals has been more limited than formerly, although it would seem that more knowledge of the actual intrinsic value of many of these supplies would often be desirable.

The list as will be seen does not include our routine bacteriological, blood and urinary examinations. These have for some time past been made in a more complete manner than formerly in an effort to discover possible abnormalities in general metabolism, besides the more commonly sought cystic and renal lesions. The time required for regular curricular duties has not allowed of the systematic following of these abnormalities when found or the more regular testing of purchased products.

HYDROTHERAPY

The special hydrotherapy equipment was installed about a year ago and became available in November 1905. Miss Wright from the Manhattan State Hospital having given a week's instruction with daily demonstration to the nurses, one of our nurses was assigned to this special work. Cases suitable for hydrotherapeutic treatment were selected and prescriptions written in each case. An effort was made to prescribe the baths for a definite mental or physical need. This was regularly determined by examination. Each bath was carefully recorded in a file kept for that purpose. The weight was taken each week and the pulse, respiration, and temperature were taken three times during each treatment, viz.: before bath, after bath, and after rest. In every case a friction rub of the whole body, and in some cases massage was given. The patients were required to rest for a short time in bed after baths and were then urged to go out into the open air.

During the year there were 1,758 baths given and a large number of packs. An average of 16 cases were given treatment daily. The type of insanity under treatment has varied from acute to chronic and has embraced all the common forms, including a number of cases of manic depression, dementia praecox, and involution melancholia, as well as less common disorders. The physical conditions treated have varied as much as the mental disorders.

Owing to the lack of facilities we were not able to use the prolonged baths for excited cases as much as we would like. In-

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stead we have had to substitute packs. At first we gave these packs hot but found by experience that having the sheet at a temperature of 70 degrees or lower, and applying the blankets of the pack rapidly over it was the most effective procedure. The shock of the cold sheet stimulates the skin and produces a good reaction and no chilliness subsequently, whereas if the warm sheet is used more or less shivering may follow.

On the whole the bath used the most was the hot air cabinet followed by the circular needle bath, the temperature being varied to suit the case and ending with fan douche. In many cases under this treatment the pulse is at once slowed and strengthened and the peripheral circulation improved. The patients if adipose becoming thinner, and the flesh has better tone, or if thin they have taken on flesh.

The shock of the change from the hot air cabinet to the circular bath at 70 degrees F. seems to have a good effect on some of the apathetic cases, and the whole procedure is calculated to break up the habit of hopeless, narrow-minded brooding which we so frequently see.

Our star case was F. J. W., classified as involution melancholia, who had been depressed with agitation and insomnia since her admission in 1899. Physically atonic and adipose. The hot air, circular and fan douche were given daily with the result that she lost 15 pounds in weight and became active and cheerful. She was discharged recovered after four months treatment.

OPHTHALMOLOGICAL AND DENTISTRY WORK

The ophthalmological work has been cared for in a satisfactory manner by Dr. F. M. Michael, who has visited the hospital regularly twice each week, usually on Tuesday and Thursday afternoon. By correcting eye strain, removing sources of irritation, and by prompt treatment of conditions that threatened serious complications Dr. Michael has contributed materially to the health and comfort of the hospital inmates. Dr. Frederick W. McCall has made weekly visits at the hospital for the purpose of caring for the patients' teeth; during the year he has examined 485 patients; extracted 528 teeth; filled 141, and has done plate work for 43 patients. In 61 other cases he has given treatment for the relief of various diseases.

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There have been held during the year 77 staff meetings at which there have been 123 cases reported and seven special reports presented. These meetings have been held at 9 a. m. on Tuesdays and Thursdays and have been of undoubted benefit to the staff. The special reports above mentioned refer only to the more elaborate reports of the investigations conducted by committees or individual members of the staff appointed by the presiding officer and do not include the numerous reports of administrative affairs many of which are presented at each meeting as a matter of routine.

The value of these meetings is obvious, when it is taken into consideration that this is the only occasion when the staff come together as a body, and when questions affecting the hospital may be brought up for discussion as a whole and the opinion of individual members elicited and discussed. In the meetings during the past year free discussion of every question brought up has been the rule and the results have been an improved and more uniform administration of the various services.

TRAINING SCHOOL FOR NURSES

The training school for nurses has been conducted on about the same lines as indicated in my report of last year. The pupils have shown great interest in the work and have improved the opportunities given them for special ward instruction in a satisfactory manner. The number enrolled in the junior class for the course of instruction ending last June was eight, the number graduated from the senior class was nine. For the coming year 48 applications were received and the examination for admission to the school was held on Tuesday, September 25th, 1906; 34 of these candidates attained a rating of 75 per cent and have been enrolled for the junior class for the year 1906-1907. For several years past the instructors in the training school have found the Wise textbook inadequate as a guide for the pupils in both the junior and senior classes. It has been found necessary to supplement this textbook by lectures and demonstrations which have called for a large amount of work on the part of the teaching force. Last winter the conference of superintendents with the State Commission in Lunacy voted in favor of the adoption of the Clara Weeks-Shaw Textbook of Nursing as the textbook for both classes in the training school, but

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careful examination of this book discloses that it also is lacking in some respects in the essentials of a good manual for training school instruction in the State hospital service. I would recommend therefore that an effort be made to have prepared for the New York State hospitals a special textbook arranged with a view to meeting all of the requirements of the service in the most satisfactory manner possible.

IMPROVEMENTS

General improvements about the hospital have been more extensive during the past year than in previous years. The erection of the new building for the chronic insane and the building for the acute insane has necessitated an enormous amount of work to make the excavations required for the foundations, and to do the grading about these buildings necessary to allow the rain water to run off without damage. A large amount of this work was done by the regular hospital forces assisted by parties of working patients.

In February the apartments formerly occupied by the superintendent were made available for patients and wards 18 and 19 were opened for their reception. At the west building a new floor was laid in ward 34 and new plumbing was installed throughout the building. New plumbing was also installed throughout the south building with the exception of one ward where the plumbing was renewed during the previous year. In the steward's office important alterations have been made. The office has been enlarged by the addition of a room on the south side taken from ward 20, and a new floor, new ceiling, and new shelving have added materially to the convenience and looks of this department. The room formerly occupied as a dining room by the medical staff has been converted into a library and shelving has been provided for a large number of books.

At the bakery extensive alterations have been made to increase its storage capacity for flour and a new oven has been constructed to provide for the larger demands which will be made upon this department when the new buildings now in process of construction are opened for repairs. At the laundry an addition at the north end is now being constructed by the hospital mechanics for the accommodation of additional machinery which will be required to care for the increased population next year. At several of the

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buildings the old wooden steps originally provided have been replaced by cement steps which we confidently expect will endure as long as the buildings stand. At the riverside heating plant 11 experimental wells have been driven with a view to determining if a satisfactory supply of water may be obtained without recourse to the river. The results of these tests seem to indicate that the supply of water is ample and that we need only proper pumping apparatus to make it available. Along the river bank a stone retaining wall has been built which somewhat increases the area available for the storage of coal and prevents the encroachment of the river upon the hospital property.

At the farm a new pig pen and abattoir have been erected and the herd of swine has been removed from the old pens which, owing to their proximity to other hospital buildings had long been a nuisance at the home plant. At Morningside cottage a gasoline pumping engine has been installed which pumps the water required for this cottage and also for the Plymouth rock cottage and the adjacent stock barns. Besides these repairs and improvements many smaller but important items have engaged our working forces continuously. Among these might be enumerated a new tile floor and new sinks in the pantries of the west building; replacing the decayed woodwork on the north side of the greenhouse with concrete construction; pointing up the main building where the weather had caused the mortar to work out of the joints between the stones. The construction of sidewalks in various places about the hospital premises where they were needed. Repairs to the roadways and drives; grading and tree planting; painting of buildings both outside and within; overhauling the steam lines, the heating and power plant, and general repairs in the electric department.

The farming operations have been carried on during the year under the direction of the farmer, James Foley, who was promoted to this grade a year ago after nearly 20 years service at other work, chiefly on or about the farms. Excellent crops of all kinds under cultivation bear testimony to the faithfulness with which he has performed his duties. The Park farm of 180 acres which had been rented for two or three years was acquired by purchase last spring and is now regarded as a valuable addition to the hospital property.

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The following table shows the extent to which patients have found occupation during the year, the kinds of employment and the number engaged in each:

	Men	Women	Total
Dining-room.....	14,261	22,616	36,877
Fancy work.....		6,893	6,893
Farm.....	25,477		25,477
Garden.....	2,168		2,168
Grounds.....	6,246		6,246
Hall work.....	51,648	59,941	111,589
Heating plant.....	8,701		8,701
Kitchen.....	7,996	8,752	16,748
Laundry.....	7,637	11,725	19,362
Shops.....	8,818	13,838	22,656
Total.....	132,952	123,765	256,717

Special tables referring to the medical service, employees, etc.

MEDICAL SERVICE

Number of physicians including internes	Ratio of physicians in service	Annual per capita cost of medical service
8	1 to 193	\$9.02

EMPLOYEES

Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Annual per capita cost of all employees
310	1 to 4.98	1 to 7.29	\$74.369

FUEL AND LIGHT

Total annual cost	Annual per capita cost	Total number of tons of coal consumed	Average purchase price per ton
\$40,266.61	\$26.046	13,645	\$2.471

RECOVERIES

On original admissions, 29.03 per cent.

DEATHS

On whole number treated, 6.60 per cent.

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* The following classification of the expenditures shows the total cost of maintenance in the several departments of the hospital and the annual and weekly per capita cost in each:

	Weekly per capita	Annual per capita	Total cost
Officers' salaries.....	\$0 210	\$10 905	\$16,858 80
Wages.....	1 430	74 369	114,974 17
Provisions and stores.....	1 081	56 218	86,913 26
Ordinary repairs.....	129	6 698	10,356 05
Farm and grounds.....	121	6 285	9,717 33
Clothing.....	107	5 551	8,581 67
Furniture and bedding.....	092	4 800	7,420 31
Books and stationery.....	023	1 232	1,904 07
Fuel and light.....	501	26 046	40,266 61
Medical supplies.....	023	1 182	1,828 30
Miscellaneous.....	089	4 626	7,152 19
Transportation of patients...	025	1 314	2,030 95
Total.....	\$3 831	\$199 226	\$308,003 71

The average purchase price per capita cost per annum and quantity consumed of staple articles of food for the year ending September 30, 1906, is shown in the following table:

ARTICLES	Average purchase price	Annual per capita cost	Quantity consumed	
Fresh meats, per pound...	\$0 065	\$13 930	328,363	lbs.
Poultry, per pound.....	146	376	3,972	lbs.
Wheat flour, per barrel...	3 989	5 547	2,150	bbls.
Butter, per pound.....	217	9 062	64,346	lbs.
Cheese, per pound.....	118	963	12,737	lbs.
Milk, per quart.....	032	7 120	341,580	qts.
Eggs, per dozen.....	190	4,337	35,253	doz.
Tea, per pound.....	153	497	5,006	lbs.
Coffee, per pound.....	118	1 532	20,057	lbs.
Sugar, per pound.....	046	2 567	86,198	lbs.
Fresh fish, per pound.....	050	1 545	47,380	lbs.
Potatoes, per bushel.....	559	2 554	7,056	bu.
Crackers, per pound.....	050	279	8,503	lbs.
Rice, per pound.....	031	195	9,795	lbs.
Beans, per bushel.....	1 806	508	435	bu.
Liquors, per gallon.....	2 053	196	148	gal.

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REPAIRS AND IMPROVEMENTS**

The following repairs, improvements, and betterments are needed at the hospital during the coming year:

Reconstruction of the lighting, heating, and power plant, and new heating system for the main building

The most important matter confronting the hospital management at the present time in the way of repairs and improvements is unquestionably the reconstruction of the heating, lighting and power plant. The entire hospital is now lighted by electricity of the kind known as the direct current—the plant consists chiefly of engines, dynamos, and distributing cables. These cables for the direct current are of great size and, therefore, require a large amount of copper in their construction. This plant was installed 13 years ago and since then the hospital has increased in size and many of the cables have been taxed beyond the limit of their carrying capacity to furnish light, heat, and power in various parts of the institution. The result is that in many parts of the hospital the current delivered is of such low voltage that the light is poor and unsatisfactory. The cables themselves run through the steam ducts and the insulating material with which they were originally covered has become rotten from long continued moisture and heat in the ducts, so that they are becoming unsafe as well as insufficient. The demands of the hospital for electricity are constantly increasing and will be greatly extended during the coming year by the opening of the new chronic building and the new acute building which together will accommodate more than 700 patients. The time is now at hand when the question of extensive renewals of both the generating power units and the distributing cables should be considered. After careful inquiry into this matter it seems to me desirable that a gradual change should be made from the direct current system to the alternating system and that the power generating units should be located near the boilers at the riverside heating plant instead of in the electric lighting station on the hill. This change in the system would enable us to operate the plant much more economically as regards the consumption of fuel for the production of steam and would be much less costly as regards distributing cables for the reason that small wires carrying electricity of high voltage would enable us to deliver the current at the various buildings where with the aid of transformers it would be reduced to the desired voltage for

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lighting purposes. The reconstruction of the heating plant should also include replacing wornout boilers by new ones of larger capacity, and an increase in the equipment to the extent of two or three additional boilers to provide the steam which will be required by the enlargement of the hospital. The boiler house itself needs reconstruction and enlarging to accommodate the new equipment.

The heating system in the main building is in need of extensive repairs. The stacks or indirect radiators should be taken down and rebuilt as the nipples which connect the sections are eaten out and leaking. The piping connected to these stacks has been in use 24 or 25 years and should be entirely renewed. The fan engine and also the fan are practically worn out. This entire system is in extremely bad condition, and inasmuch as we never have been able to heat this building in a satisfactory manner with the system in use and in view of the further fact that it will be necessary to expend considerable money to make it temporarily serviceable, I would recommend that the entire heating apparatus be removed and a modern heating system installed. I am confident that such installation would result in large saving of coal to say nothing of the more satisfactory heating of the main building and its annexes. All these matters have been carefully considered by the State architect and on his advice an appropriation is asked for in the sum of \$75,000.

Nurses' Home for Women

With the great increase in the capacity of the hospital when the new buildings now under construction are completed we shall need additional accommodations for employees. This need will be especially felt as regards our women nurses. For their use there should be erected a comfortable nurses' home with rooms for 150 persons and with suitable reception rooms and rooms for exercise and for general meeting purposes. We have now a small nurses' home which served the purpose for which it was designated at the time it was erected 10 years ago, but it is now much too small to meet our requirements and will be wholly inadequate next year when our population will be 50 per cent larger. Our male employees are well provided with club rooms in the assembly hall and the organization of this character which has been in existence for the past two years has proved not only beneficial to its members but it has contributed materially to good

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order throughout the hospital and to good feeling amongst our employees. A similar organization has been formed amongst the women employed in this institution and they are desirous of having a suitable place for their meetings. No more fitting place could be afforded them than rooms properly furnished in a nurses' home for women. We need for such a home \$81,000.

Dining-room and Kitchen for New Chronic Building

Owing to changes in the plans of the new chronic building which will increase its capacity for patients to the extent of 100, and will provide dining-rooms, kitchens, and scullery in a separate building apart from the main structure in which the patients will reside, additional funds will be needed to cover the cost. These changes which have been authorized by the State Commission in Lunacy will render the new building more satisfactory as regards its administration and more suitable as a place of residence for the patients to be cared for within its walls. The amount of money which will be required to make these changes will be approximately \$50,000.

Additional Water Supply

During the past year experimental wells have been driven in the vicinity of the hospital power plant with a view to determining if sufficient water for the hospital requirements might be obtained without recourse to the river. Eleven wells have been driven from 12 to 50 feet in depth and the quantity of water each would deliver per minute has been noted. We now believe that with a suitable air lift apparatus we should be able to obtain from the wells we have driven, or from some additional wells if it should be found necessary to bore more, all the water the hospital will require in the near future. The necessity of securing the water from these wells instead of drawing it directly from the river must be apparent when it is remembered that the river water is contaminated from many sources and has in the past frequently caused epidemics of typhoid fever in this hospital and in the city of Binghamton. The city now uses the river water but only after passing it through an elaborate system of filters. For the enlargement of the water supply, the addition to the pumping equipment, and such other facilities as might be needed to complete the water plant there would be needed the sum of \$7,500.

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT*Water Supply for Broadmoor*

When the new building, Broadmoor, is connected with the four-inch water main now in front of this building and from which the laundry takes its water supply there will not be sufficient pressure on this line to afford the necessary fire protection. When the laundry is drawing its full supply of water from this line the pressure goes down to 40 pounds, and when Broadmoor begins using water it will go much lower. A new water line not less than six inches in diameter should be laid from the main in front of the main building to the east end of Broadmoor about 2,000 feet. This would require about 40 tons of pipe and fittings and about 1,000 yards of excavating. These items together with labor, laying pipe, etc., would cost about \$2,500.

Glass-enclosed Verandas for Wards 5 and 6

These wards face the north and west; they receive scarcely any direct sunlight from the south and east. It is believed that verandas on the east side where patients might have the benefit of the morning light and sunshine would be of great benefit to them. These verandas could be constructed for \$2,000.

Glass-enclosed Verandas for the West Building

The old verandas on the south side of the west building are badly decayed, they are but one story in height and open to the weather. It is believed that new verandas should be provided and that they should be made two stories instead of one, so that the patients from the upper wards might have the benefit of air and sunshine which now is often denied them. The cost of this construction would be approximately \$1,100.

Enlargement of Cold Storage Facilities

To provide more adequate facilities for caring for milk and other dairy supplies an addition to the cold storage building should be built in the rear. The building is now in the form of an L, so that two sides of this addition exist. It would be necessary, therefore, to build but two additional sides with the roof and flooring to complete the storage space required. With the great increase in the size of the hospital there will be urgent need of this addition to the cold storage building. An appropriation will be needed in the sum of \$3,000.

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT*Tuberculosis Camps*

The tuberculosis pavilion, Edgewood, which has now been in operation for more than a year has proved so satisfactory that we think it desirable to extend its scope by providing two open camps in connection therewith, one for men and one for women. These camps, consisting of light frame structures with southern exposure, entirely open in summer and provided with glass for closing in winter, would add to the capacity of the hospital and at the same time provide a form of accommodation for tuberculous patients that would be highly conducive to their welfare. Two such camps each accommodating 12 patients could be built at a cost not exceeding \$4,000.

Roads and Walks about the New Building

The new building, Broadmoor, referred to in the State architect's specifications as the chronic building is now approaching completion, and the new building for the care and treatment of the acute insane is also far advanced. These two buildings will provide accommodations for more than 700 patients. They are so situated that new roadways to the kitchens, the sculleries, and the ward entrances should be provided as soon as practicable. The soil about these buildings is hardpan, which in spring and fall becomes soft and almost impassable for wagons, unless substantial roads are built. For such road construction and for cement walks about these buildings there will be needed the sum of \$5,000.

Electric Truck

The hospital is situated about three miles from the railway stations, where the bulk of our supplies which come by rail are delivered and from which it is now necessary to draw them with teams to the hospital. This is a slow and laborious process requiring a number of horses, and with the enlargement of the institution now in progress such hauling will be greater in future than ever before. There are in the market a number of electric trucks capable of transporting from three to four tons rapidly and easily where the roads are suitable. Our highways are now macadamized and, therefore, furnish ideal conditions for the use of such trucks. It is believed the purchase of one for the hospital would not only facilitate the work of delivering supplies to a great extent but that it would be highly economical in its operation. The hospital possessing its own electrical plant would be practically at no ex-

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

pense to charge the batteries and there would be no loss of time as the charging would take place during the night when the truck was not required for service. For the purchase of this truck there would be needed an appropriation of \$3,600.

Additional Land at the Heating Plant

The territory available for dumping ashes at the hospital heating plant is limited. The constantly increasing quantity of ashes accumulating is becoming embarrassing. Some additional land should be procured as a dumping ground for these ashes. The property adjoining the hospital land on the west is owned by Henry Haskins. It is believed that some additional land could be purchased of him at a reasonable price. It is, therefore, recommended that efforts be made to secure as much of this land as may be needed for the hospital purposes. There would probably be required for this purchase the sum of \$1,000.

Purchase of the Bump Property

Immediately east of the hospital premises and extending from the Susquehanna river to near the top of the hill is a long narrow farm consisting of about 30 acres, owned by Mrs. Bump. This strip of land is so near the new chronic building that it is highly desirable that the hospital should acquire it. It is needed as a territory on which to locate some of the hospital farm buildings. It would provide an excellent outlet for one of the main avenues of the hospital property to the river road and there is on it a good cottage which would serve admirably as a residence for the hospital farmer. It is believed that this property can be purchased at a reasonable figure and it is, therefore, recommended that efforts be made to obtain it.

Shed for Storing Farm Wagons, Machinery, Tools, etc.

There is needed at the hospital farm a large shed where the harvesting machinery, the farm wagons, and the many tools required for farming apparatus may be safely housed during the winter months. The hospital farm now covers an area approximating 1,200 acres and a building for this purpose should be of considerable size although not of an elaborate construction. To build a suitable structure would cost about \$500.

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Vitrified Pipe for Sewer and Surface Water Disposal

About 350 feet of eight-inch vitrified pipe for sewer connections should be provided to connect with the closets at the west end of the north building and to extend to the new main sewer provided for the superintendent's residence. When the north building was erected it was not intended to occupy the basement for ward purposes. The main sewer for this building, therefore, was not put deep enough to take care of closets located on the basement floor. These closets sometimes overflow with sewage backing up from the sewer. This would be completely remedied by the new line it is proposed to establish. Five hundred and fifty feet of 12-inch vitrified pipe is needed to take care of the surface water which comes down the hill in great volume west of the superintendent's residence; without such provision a deep ravine will soon be made and serious damage will be caused to neighboring property. The cost of the pipe to remedy these conditions would be approximately \$500.

RECAPITULATION

Reconstruction of the lighting, heating, and power plant, and new heating system for main building.....	\$75,000
Nurses' home for women.....	81,000
Dining room and kitchen for new chronic building...	50,000
Additional water supply.....	7,500
Water supply for Broadmoor, new chronic building...	2,500
Glass-enclosed verandas for wards 5 and 6.....	2,000
Glass-enclosed verandas for the west building.....	1,100
Enlargement of cold storage facilities.....	3,000
Tuberculosis camps	4,000
Roads and walks about the new buildings.....	5,000
Electric truck	3,600
Additional land at the heating plant	1,000
Purchase of the Bump property	
Shed for storing farm wagons, machinery tools, etc....	500
Vitrified pipe for sewer and surface water disposal...	500

ACKNOWLEDGMENTS

We make acknowledgment of our indebtedness to the following who have contributed reading matter to our library and reading rooms:

Jerome Dewitt, James Andrews, Mrs. Leroy Davis, Dobson Club, Mrs. Henry Oliver Ely, Evening Herald Co., Mrs. W. D.

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Edmister, Miss Amelia Henning, Mrs. C. A. Hotchkiss, Rev. John McVey, Messrs. Nelson & Son, Binghamton Public Library, Mrs. M. W. Scott, Dr. Spencer, Osgood Scale Works, 1900 Washer Co., C. W. Bacon, J. D. Ames, Y. M. C. A., Mrs. Sarah Doty, Prof. W. H. Hoerrner, C. F. Middlebrook, George J. Michaelback, Mary A. De Verell.

NEWSPAPERS

The following named newspapers were contributed by the publishers during the year. They were appreciated by our patients and on their behalf we make grateful acknowledgment and ask a continuance of these generous donations:

Bainbridge Express, weekly.
Brookfield Courier, weekly.
Canastota Journal, weekly.
Catskill Examiner, weekly.
Cazenovia Republican, weekly.
Catholic Ave Maria, monthly.
Delaware Republican, weekly.
Deposit Journal, weekly.
Elmira Telegram, weekly.
Fishkill Standard, weekly.
Freeman's Journal, weekly.
Long Island Star, weekly.
Madison County Times, weekly.
Mohawk Valley Register, weekly.
Morris Chronicle, weekly.
Newburgh Journal, semi-weekly.
Oneonta Herald, weekly.
Otsego Democrat, weekly.
Otsego Republican, weekly.
Ticonderoga Sentinel, weekly.
Tioga County Herald, weekly.
Walton Chronicle, weekly.
Watervliet Journal and Democrat, weekly.

RELIGIOUS SERVICES

Religious services have been held regularly on Sabbath days in the Assembly Hall and usually once each month at one of the farm cottages. The musical program for these services has been arranged and rendered by Prof. Hoerrner and a quartette from

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Binghamton and has been satisfactory. On the third Friday of each month Rev. J. V. Simmons has read mass in the assembly hall, and on a number of occasions has visited the patients on the wards.

ENTERTAINMENTS

The following entertainments were given during the year:

1905.

Oct. 9. Musical and literary entertainment — The Dillons.

Oct. 16. Magicians and jugglers — Hendrickson & Rosani.

Nov. 22. "Santiago" — Dramatic and Social Club.

Dec. 23. Christmas tree.

1906.

Jan. 3. Minstrels — Dramatic and Social Club.

Jan. 29. Blind humorist — Prof. W. H. McCollin.

Sep. 15. Moving pictures — Cook & Harris.

During the winter months the usual weekly dances were conducted for and enjoyed by our patients. During the summer band concerts on the lawn in the early evening were highly appreciated. Many patients attended expositions, circus performances, etc., in the city, while many others found comfort and enjoyment in trolley rides and picnic parties or attending baseball games in which the hospital ball team was interested. The fourth of July celebration and the field day exercises provided enjoyment for our patients and for many visitors from the city of Binghamton.

STATE COMMISSION IN LUNACY

During the fiscal year the State Commission in Lunacy has made two official visits at the hospital at which all the Commissioners together with the secretary and the medical inspector were present. The first of these visits was made in October, 1905, at which time your board met with the Commissioners and presented a preliminary report containing a statement of the needs of the hospital for the ensuing year. To this report the Commissioners gave careful attention. A joint inspection of the hospital at the time of this visit was made by the Commissioners with your board covering its various departments and also the outlying farms. In July 1906 occurred the second visit of the Commission at which time thorough inspection of the hospital was made and a number of important improvements were taken under consideration.

**BINGHAMTON STATE HOSPITAL—ANNUAL REPORT
STATE CHARITIES AID ASSOCIATION**

October 14, 1905, Charles E. Lee and Fred. H. Haskins of Binghamton, N. Y., visitors for the State Charities Aid Association, visited the hospital and met with your board and the State Commission in Lunacy at the joint meeting held on that date. On November 7, 1905, these visitors also inspected the hospital generally and subsequently made report to the State Charities Aid Association which was duly printed in the proceedings of that body. On January 22, 1906, these visitors again visited the hospital and met with your board. On September 17, 1906, Miss Mary Vida Clark, assistant secretary of the State Charities Aid Association visited the hospital, together with Mrs. M. B. Acker, one of the managers of the Williard State Hospital. Miss Clark and Mrs. Acker, together with the president of your board, inspected our wards and also the farm colony.

Of the medical staff Dr. Mary Clayton, woman physician, resigned July 31, 1906, to enter private practice. The vacancy caused by her resignation was filled September 1, 1906 by the appointment of Dr. Eloise Walker, of Hudson, N. Y. Dr. Walker was graduated from the University of Michigan at Ann Arbor, Mich., in 1893, receiving the degree of A. B. She received her medical degree from the same University in 1896. Dr. Walker has had a large and varied experience having served as interne at the Woman's Hospital and Foundling's Home, Detroit, Mich.; as resident physician at the New York State Custodial Asylum at Newark, N. Y., and as resident physician at the New York State Training School at Hudson, N. Y.

Dr. Lemuel R. Hurlbut who had served about a year as medical interne resigned July 31, 1906, to enter private practice. Dr. William J. Tiffany was appointed medical interne July 1, 1906 and was promoted to junior physician September 4, 1906. Dr. Tiffany had spent some time at this hospital before graduation and after obtaining his degree in medicine at the College of Physicians and Surgeons, Columbia university, New York city, in 1905 he served as house physician for a period of 13 months in St. Joseph's Hospital, Paterson, N. J. Dr. William A. Harris of Greenville, Maine, was appointed medical interne August 1, 1906. Dr. Harris was graduated from the College of Physicians

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

and Surgeons, Boston, Mass., in 1905. To all of the physicians on my staff, to the steward, the matron, the office force, the mechanics, and all other employees who have rendered faithful service I desire to express my thanks for their aid in making the year's work successful and satisfactory.

In conclusion, permit me to thank your board for the cordial support and encouragement you have given me in the performance of the manifold duties that have devolved upon me as superintendent of the hospital.

CHARLES G. WAGNER

Superintendent

OCTOBER, 1906

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE TREASURER FOR THE YEAR ENDING
SEPTEMBER 30, 1906

GENERAL OR STATE CARE FUND

Receipts

Balance for the last fiscal year.....	\$13,022 02
Received from private patients.....	2,836 31
Received from reimbursing patients.....	8,417 29
Received from sundry sales.....	1,154 90
Received from comptroller.....	294,950 00
Received from interest	388 51
Received from other sources.....	1 55
	<hr/>
	\$320,770 58
	<hr/> <hr/>

Disbursements

Paid on account of officers' salaries.....	\$16,858 80
Paid on account of wages.....	114,974 17
Paid on account of provisions and stores.....	86,913 26
Paid on account of ordinary repairs.....	10,356 05
Paid on account of farm and grounds.....	9,717 33
Paid on account of clothing.....	8,581 67
Paid on account of furniture and bedding.....	7,420 31
Paid on account of stationery.....	1,904 07
Paid on account of fuel and light.....	40,266 61
Paid on account of medical supplies.....	1,828 30
Paid on account of miscellaneous expenses.....	7,152 19
Paid on account of transportation of patients.....	2,030 95
Paid State treasurer, miscellaneous receipts.....	11,642 11
Balance	1,124 76
	<hr/>
	\$320,770 58
	<hr/> <hr/>

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

SPECIAL FUND

Receipts

Received from comptroller, chapter 635, Laws	
1904	\$93,260 80
Received from comptroller, chapter 702, Laws	
1905	12,980 81
Received from comptroller, chapter 700, Laws	
1905	1 13
Received from comptroller, chapter 686, Laws	
1906	1,869 51
Received from interest	20 64
	<hr/>
	\$108,132 89
	<hr/>

Disbursements

Expended from appropriation, chapter 635, Laws	
1904	\$93,260 80
Expended from appropriation, chapter 702, Laws	
1905	12,980 81
Expended from appropriation, chapter 700, Laws	
1905	1 13
Expended from appropriation, chapter 686, Laws	
1906	1,869 51
Transferred to general fund, interest	20 64
	<hr/>
	\$108,132 89
	<hr/>

MANUFACTURING DEPARTMENT

Total receipts	\$1,711 21
Total disbursements	1,230 50
	<hr/>
Cash on hand	\$480 71
	<hr/>

CHARLES G. WAGNER
Treasurer

OCTOBER 1, 1906

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

REPORT OF THE STEWARD FOR THE YEAR ENDING
SEPTEMBER 30, 1906

Apples, eating, 166½ bushels, at 50 cents.....	\$83 25
Apples, cooking, 105¼ bushels, at 25 cents.....	26 31
Asparagus, 6,898 bunches at 7 cents.....	482 86
Beef, 5,544 pounds, at .065.....	360 36
Beets, cooking, 377¼ bushels, at 30 cents.....	113 18
Beets, 250 bushels, at 30 cents.....	75 00
Boars, 1	5 00
Bee hives 44	30 00
Corn, ears, 60 bushels, at 50 cents.....	30 00
Celery, 13,598 bunches, at 3 cents.....	407 94
Cabbage, 81,933 pounds, at .005 cents.....	409 66
Carrots, 144½ bushels, at 30 cents.....	43 35
Cauliflower, 133 heads, at 6 cents.....	7 98
Cucumbers, 147½ bushels, at 50 cents.....	73 67
Cherries, 73 quarts, at 6 cents.....	4 38
Currants, 19 quarts, at 6 cents.....	1 14
Corn, ears, 81,751, at 75 cents.....	613 13
Cabbage plants, 10,000.	10 00
Calves, 45	45 00
Calf hides, 13	12 30
Cow hides, 14	84 51
Ensilage, 709½ tons, at \$3.50.....	2,483 25
Hay, 208 tons, at \$12.....	2,496 00
Honey, 50 lbs., at 12 cents.....	6 00
Lettuce, 223¾ bushels, at 40 cents.....	89 50
Leeks, 577 bunches, at 3 cents.....	17 31
Lima beans, 17½ bushels, at 75 cents.....	13 13
Lamb skins, 8.....	4 65
Mutton, 261 lbs., at 7 cents.....	18 27
Milk, 243,352 quarts, at 3¼ cents.....	7,908 94
Muskmelons, 1,885, at 5 cents.....	94 25
Oats, 1,259 bushels, at 36 cents.....	453 24
Onions, 623½ bushels, at 60 cents.....	374 10
Onions, green, 3,332 bunches, at 2.cents.....	66 64
Pork, 25,217 lbs., at 7½ cents.....	1,891 28

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Pumpkins, 62 loads, at \$1.....	\$62 00
Potatoes, 4,256 bushels, at 50 cents.....	2,128 00
Parsley, 1,375 bunches, at 3 cents.....	41 25
Pumpkins, 16,140 lbs., at $\frac{1}{4}$ cent.....	40 35
Parsnips, 248 $\frac{3}{4}$ bushels, at 40 cents.....	99 50
Peas, 281 $\frac{1}{4}$ bushels, at 75 cents.....	210 19
Pickles, 84,913, at $\frac{3}{4}$ cents.....	636 85
Peppers, green, 8 $\frac{1}{4}$ bushels, at 75 cents.....	6 19
Peas, 2 pecks, at 19 cents.....	38
Pigs, 8	18 00
Rye, 650 bushels, at 55 cents.....	357 50
Radishes, 3,244 bunches, at 4 cents.....	129 76
Rhubarb, 3,580 lbs., at 2 cents.....	71 60
Raspberries, 2,407 quarts, at 6 cents.....	144 42
Straw, 58 tons, at \$6.....	348 00
Squash, 15,837 lbs., at 1 cent.....	158 37
Spinach, 626 bushels, at 25 cents.....	156 50
Spring lamb, 226 lbs., at 10 cents.....	22 60
Strawberries, 2,151 quarts, at 8 cents.....	172 08
String beans, 243 $\frac{1}{2}$ bushels, at 50 cents.....	121 75
Sheep skins, 8	8 80
Tomatoes, ripe, 486 $\frac{1}{2}$ bushels, at 40 cents.....	194 60
Tomatoes, green, 8 bushels, at 25 cents.....	2 00
Turnips, 340 bushels, at 25 cents.....	85 00
Wood, 55 loads	80 00
Wool, 125 lbs	37 50
Pears, eating, 4 $\frac{1}{2}$ bushels, at \$1.....	4 50
Pears, cooking, 34 $\frac{1}{2}$ bushels, at 50 cents.....	17 25
Egg plant, 360 lbs., at 3 cents.....	10 80

\$24,201 32

FARM STOCK ON HAND SEPTEMBER 30, 1906

Boars	2
Bulls, old	3
Bulls, young	3
Calves	8
Colt, yearling	1

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Colt, 6 months	1
Cows	121
Chicks	1,108
Ducks	185
Fowls	728
Guineas	21
Heifers, two-year-old	13
Heifers, one-year-old	17
Hogs, fat	50
Horses	27
Pigs	159
Sheep	32
Sows, breeding	31

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	715	752	1,467
Admitted during year ending September 30, 1906.....	126	226	352
On original commitments:			
From residences.....	123	115	238
By transfers from county houses.....	2	8	10
By transfers from other institutions for insane.....	1	103	104
Total number under treatment during year.....	841	978	1,819
Daily average population.....	712	834.4	1,546.4
Capacity of institution.....	718	805	1,523
Discharged during year:			
As recovered.....	38	34	72
As improved.....	16	22	38
As unimproved.....	14	15	29
As not insane.....		1	1
Died.....	63	57	120
Whole number discharged during year.....	131	129	260
Remaining October 1, 1906.....	710	849	1,559

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TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening.....	1881
Total acreage of grounds and buildings.....	1,113
Total acreage of rented lands	60
Value of real estate, including buildings.....	\$1,130,000 00
Value of personal property.....	200,000 00
Acreage under cultivation.....	720

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	\$13,022 02
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	294,950 00
From private patients	2,836 31
From reimbursing patients	8,417 29
From all other sources.....	1,544 96

Total receipts for maintenance..... \$320,770 58

Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$108,111 12
--	--------------

Total receipts chapter 700, wage deficiency....	\$1 13
---	--------

Total receipts manufacturing fund.....	\$1,711 21
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$16,858 80
Estimate No. 2. For wages	114,974 17
Estimate No. 3. For provisions and stores...	86,913 26
Estimate No. 4. For ordinary repairs.....	10,356 05
Estimate No. 5. For farm and grounds.....	9,717 33
Estimate No. 6. For clothing of patients....	8,581 67
Estimate No. 7. For furniture and bedding..	7,420 31
Estimate No. 8. For books and stationery...	1,904 07
Estimate No. 9. For fuel and light.....	40,266 61
Estimate No. 10. For medical supplies.....	1,828 30
Estimate No. 11. For miscellaneous expenses..	7,152 19
Estimate No. 12. For transportation	2,030 95

Total disbursements, estimates 1 to 12, inclusive. \$308,003 71

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

Table No. 2 —(Concluded)

Total disbursements to State treasurer.....	\$11,642 11
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Total disbursements during year for extra-ordinary improvements under apportionments by State Commission in Lunacy.....	\$108,111 12
Total disbursements chapter 700, wage deficiency	\$1.13
<hr/>	
Total disbursements during year, manufacturing fund	\$1,230 50
<hr/>	
Balances October 1, 1906:	
General maintenance fund.....	\$1,124 76
Manufacturing fund	480 71
Weekly per capita cost on daily average number number of patients, estimates 1 to 12 inclusive.	3.831
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Maximum rate of wages paid attendants:	
Men	\$30 00
Women	22 50
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Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
<hr/>	
Proportion of day attendants to average daily population	1 to 8.5
Proportion of night attendants to average daily population	1 to 52.3
Percentage of daily patient population engaged in some useful occupation.....	50%
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Estimated value of farm and garden products during year.....	\$24,201 32
Estimated value of articles made or manufactured by patients during year.....	18,000 00
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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	10	10	20	4	3	7	3
Mental strain, worry and overwork (not included in above)	6	3	9	3	1	4	1
Religious excitement	1	2	3	1	.....	1	....
Love affairs (including seduction) . . . . .	.....	1	1	.....	.....	.....	.....
Physical:							
Intemperance	18	1	19	7	.....	7	2
Sexual excess	1	.....	1	.....	.....	.....	.....
Masturbation	7	.....	7	4	.....	4	.....
Sunstroke	2	.....	2	1	.....	1	.....
Accident or injury	3	.....	3	1	.....	1	.....
Pregnancy . . . . .	.....	2	2	.....	.....	.....	.....
Parturition and puerperium . . . . .	.....	2	2	.....	2	2	.....
Change of life . . . . .	.....	9	9	.....	2	2	.....
Privation and overwork	2	3	5	.....	1	1	.....
Epilepsy	3	5	8	1	1	2	1
Diseases of skull and brain	9	5	14	3	3	6	1
Old age	4	8	12	.....	2	2	3
Epidemic influenza . . . . .	.....	1	1	.....	.....	.....	.....
Abuse of drugs . . . . .	.....	2	2	.....	.....	.....	.....
All other bodily disorders and ill health	7	7	14	.....	1	1	1
Hereditary	6	4	10	5	4	9
Unascertained	47	161	208	12	14	26	106
Total	126	226	352	42	34	76	118

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TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	5	1	1
General paralysis.....	7	.....	9
Senile insanity.....	27	.....	.....
Epilepsy with insanity.....	9	.....	5
Imbecility, idocy with insanity.....	12	.....	1
Other psychoses.....	292	71	104
Total.....	352	72	120

TABLE No. 5

Temporarily discontinued

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TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	17	13	30	.....	.....	1	173	132	305	4	13	17
One to three months.....	9	10	19	5	4	9	113	111	224	104	75	179
Three to six months.....	3	3	6	12	11	23	63	79	142	170	148	318
Six to nine months.....	2	2	4	9	8	17	26	28	54	78	73	151
Nine months to one year.....	.....	1	1	3	5	8	9	12	21	44	53	97
One year to eighteen months.....	.....	1	1	4	1	5	13	23	36	33	43	76
Eighteen months to two years.....	.....	.....	.....	4	2	6	3	4	7	23	15	38
Two to three years.....	2	1	3	.....	.....	.....	18	18	36	12	22	34
Three to four years.....	.....	1	1	.....	.....	.....	9	8	17	6	10	16
Four to five years.....	1	.....	1	1	.....	1	8	6	14	6	5	11
Five to ten years.....	.....	1	1	.....	1	1	10	13	23	8	11	19
Ten to twenty years.....	1	1	2	5	7	3	2	5
Unascertained.....	4	1	5	44	31	75
Total.....	38	34	72	38	34	72	491	470	961	491	470	961

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever	1	1	2	8	3	11
Influenza				2	5	7
Diphtheria				1	1	2
Erysipelas	1	2	3	11	8	19
Septicemia and pyemia		1	1	3	6	9
Dysentery		6	6	6	12	18
Tuberculosis	8	9	17	106	145	251
Constitutional diseases:						
Rheumatism (or rheumatic affections)				2	1	3
Diabetes mellitus and diabetes insipidus				2		2
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus				1		1
Diseases of the stomach	2		2	6	7	13
Diseases of the intestines	3	3	6	37	62	99
Diseases of the liver				8	3	11
Diseases of the peritoneum	1		1	5	9	14
Diseases of the respiratory system:						
Diseases of the bronchi				18	24	42
Diseases of the lungs	6	3	9	123	90	213
Diseases of the pleura				2	3	5
Diseases of the circulatory system:						
Diseases of the pericardium					1	1
Diseases of the heart	20	15	35	100	89	189
Arterio-sclerosis				3	5	8
Aneurism				1	4	5
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia					3	3
Diseases of the genito-urinary system				19	19	38

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the meninges.....				5	2	7
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	3	7	10	32	50	82
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....		1	1		5	5
Epilepsy.....	1	1	2	51	36	87
Mental diseases:						
Exhaustion of acute mental disease.....	3		3	79	93	172
Exhaustion of chronic mental disease.....	2		2	2		2
General paralysis of the insane.....	7		7	137	25	162
The intoxications; heat stroke; obesity:						
Alcoholism.....				1		1
Heat stroke.....				1		1
Debility of old age.....	1	4	5	76	74	150
Accident.....		1	1	3	4	7
Suicide.....		1	1	3	6	9
Nephritis.....	1	1	2	21	19	40
Surgical and gynecological diseases and diseases of the skin.....	1		1	1	2	3
Malignant new growths or cancer.....	2	1	3	10	19	29
Total.....	63	57	120	886	835	1,721

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	21	12	33	266	208	474
Maternal branch.....	20	20	40	251	279	530
Paternal and maternal branches.....	2	1	3	36	47	83
Collateral branches....	8	11	19	155	197	352
No hereditary tendency	56	146	202	1,032	1,094	2,126
Unascertained.....	19	36	55	501	383	884
Total.....	126	226	352	2,241	2,208	4,449

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	51	79	130	997	764	1,761
Married.....	61	89	150	974	988	1,962
Widowed.....	14	49	63	198	408	606
Divorced.....	.....	2	2	18	17	35
Unascertained.....	.....	7	7	54	31	85
Total.....	126	226	352	2,241	2,208	4,449

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	.....	3	63	22	85
Academic.....	8	8	16	103	132	235
Common school.....	93	98	191	1,554	1,499	3,053
Read and write.....	1	2	3	27	35	62
Read only.....	.....	1	1	35	59	94
No education.....	4	4	8	128	105	233
Unascertained.....	17	113	130	331	356	687
Total.....	126	226	352	2,241	2,208	4,449

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TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT				
	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Under one month.....	11	6	17	10	6	16	90	59	149	90	66	156
One to three months.....	5	6	11	3	9	12	91	71	162	81	69	150
Three to six months.....	6	11	17	1	12	13	65	60	125	77	48	125
Six to nine months.....	6	4	10	5	4	9	47	32	79	63	43	106
Nine months to one year.....	.....	2	2	1	4	5	16	19	35	35	37	72
One year to eighteen months.....	3	6	9	4	4	8	59	58	117	71	57	128
Eighteen months to two years....	3	.....	3	5	2	7	21	9	30	52	35	87
Two to three years.....	6	2	8	5	2	7	82	79	161	96	64	160
Three to four years.....	4	6	10	3	2	5	61	44	105	62	52	114
Four to six years.....	2	4	6	9	2	11	67	58	125	66	101	167
Six to ten years.....	4	1	5	6	4	10	49	68	117	101	141	242
Ten to twenty years.....	3	3	6	8	4	12	56	70	126	82	112	194
Twenty years and over.....	1	2	3	3	2	5	34	61	95	10	10	20
Unascertained.....	9	4	13	.....	.....	.....	148	147	295	.....	.....	.....
Total.....	63	57	120	63	57	120	886	835	1,721	886	835	1,721
Averaged duration of insane life (years and tenths)....	9				7	8	8.5	11.2	9.8

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TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888.

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...						
From 10 to 15 years...				3	8	11
From 15 to 20 years...	3	3	6	75	38	113
From 20 to 25 years...	19	8	27	167	145	312
From 25 to 30 years...	4	19	23	194	183	377
From 30 to 35 years...	11	13	24	238	210	448
From 35 to 40 years...	9	31	40	231	225	456
From 40 to 50 years...	25	43	68	458	525	983
From 50 to 60 years...	20	39	59	370	380	750
From 60 to 70 years...	18	40	58	261	278	539
From 70 to 80 years...	14	21	35	181	156	337
From 80 to 90 years...	2	7	9	46	38	84
From 90 to 100 years...				1	5	6
Unascertained.....	1	2	3	16	17	33
Total.....	126	226	352	2,241	2,208	4,449

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	1	1	2	15	16	31
From 20 to 30 years...	8	6	14	108	105	213
From 30 to 40 years...	6	9	15	104	112	216
From 40 to 50 years...	9	8	17	126	105	231
From 50 to 60 years...	6	7	13	75	84	159
From 60 to 70 years...	3	1	4	37	35	72
From 70 to 80 years...	3	1	4	22	8	30
From 80 to 90 years...				1	1	2
Unascertained.....	2	1	3	3	4	7
Total.....	38	34	72	491	470	961

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TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				1		1
From 15 to 20 years...				7	6	13
From 20 to 25 years...	5	3	8	20	21	41
From 25 to 30 years...	2	3	5	35	30	65
From 30 to 35 years...	3	1	4	48	36	84
From 35 to 40 years...	2	5	7	69	48	117
From 40 to 50 years...	8	8	16	138	137	275
From 50 to 60 years...	13	7	20	172	146	318
From 60 to 70 years...	17	16	33	181	170	351
From 70 to 80 years...	9	11	20	140	171	311
From 80 to 90 years...	4	3	7	66	47	113
From 90 to 100 years...					10	10
Unascertained...				9	13	22
Total.....	63	57	120	886	835	1,721

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	41	19	60
One to three months.....	23	25	48
Three to six months.....	13	23	36
Six to nine months.....	8	12	20
Nine months to one year.....	4	3	7
One year to eighteen months.....	8	17	25
Eighteen months to two years.....	1	1	2
Two to three years.....	6	14	20
Three to four years.....	2	13	15
Four to five years.....	2	11	13
Five to ten years.....	4	32	36
Ten to fifteen years.....		14	14
Fifteen to twenty years.....		11	11
Twenty to thirty years.....	1	11	12
Thirty years and upwards.....		11	11
Unascertained.....	13	9	22
Total.....	126	226	352

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	9	7	16
One to three months.....	19	20	39
Three to six months.....	22	15	37
Six to nine months.....	20	68	88
Nine months to one year.....	15	64	79
One year to eighteen months.....	67	60	127
Eighteen months to two years.....	19	18	37
Two to three years.....	44	40	84
Three to four years.....	23	30	53
Four to five years.....	29	31	60
Five to ten years.....	132	117	249
Ten to fifteen years.....	142	174	316
Fifteen to twenty years.....	80	103	183
Twenty to thirty years.....	89	102	191
Total.....	710	849	1,559

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TABLE NO. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc..	3	.....	3	89	4	93
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shop-keepers, shopmen, stenographers, typewriters, etc.	16	.....	16	239	2	241
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	40	.....	40	639	1	640
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters; police, etc....	23	.....	23	297	.....	297
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	4	.....	4	164	1	165
Domestic service:						
Waiters, cooks, servants, etc.....	.....	55	55	18	389	407
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	3	119	122	24	1,341	1,365
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	4	4	14	14

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Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		6	6	12	124	136
Miners, seamen, etc.....				2		2
Prostitutes.....		1	1		1	1
Laborers.....	26		26	521		521
No occupation.....	11	31	42	188	273	461
Unascertained.....		10	10	48	58	106
Total.....	126	226	352	2,241	2,208	4,449

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TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Alsace.....	1		1	1		1
Austria.....		3	3	5	5	10
Armenia.....				1		1
Belgium.....		1	1		1	1
Bohemia.....				1	1	2
Canada.....		1	1	13	11	24
China.....				1		1
Cuba.....				1		1
East Indies.....				1		1
Ecuador.....				1		1
England.....		4	4	38	26	64
France.....	1		1	3	4	7
Germany.....	1	18	19	63	69	132
Holland.....				2	1	3
Hungary.....		2	2	2	6	8
India.....				1		1
Ireland.....	6	40	46	191	248	439
Italy.....		2	2	6	6	12
Japan.....	1		1	1		1
Nova Scotia.....				1		1
Poland.....		1	1	6	6	12
Prussia.....				1		1
Roumania.....				1		1
Russia.....	1	7	8	7	15	22
Scotland.....	2	2	4	12	15	27
Spain.....				1		1
Sweden.....		1	1	2	4	6
Switzerland.....		2	2	2	11	13
Syria.....					3	3
United States.....	109	129	238	1,803	1,682	3,485
Wales.....	1		1	6	2	8
West Indies.....				1		1
Unascertained.....	3	13	16	66	92	158
Total.....	126	226	352	2,241	2,208	4,449

Of the total number admitted since the 1st of October, 1888, the parents of 22.8 per cent were both of foreign birth.

In 2.5 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.1 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

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TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....	70	2	72
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....	36		36
Chenango.....	27		27
Clinton.....			
Columbia.....			
Cortland.....	19	1	20
Delaware.....	25		25
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....	1		1
Madison.....	22		22
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	100		100
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....	20	2	1
Putnam.....			
Queens.....			
Rensselaer.....	1		22
Richmond.....			

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Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....	3		3
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....			
Sullivan.....			
Tioga.....	21		21
Tompkins.....			
Ulster.....			
Warren.....	1		1
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	347	5	352

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TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	25	18	43			
Allegany.....	1		1			
Broome.....	120	127	247		1	1
Cattaraugus.....						
Cayuga.....	2	1	3			
Chautauqua.....						
Chemung.....	81	70	151		1	1
Chenango.....	47	50	97			
Clinton.....						
Columbia.....	1	2	3			
Cortland.....	30	43	73	1		1
Delaware.....	53	56	109	1		1
Dutchess.....	3	8	11			
Erie.....	1	1	2			
Essex.....						
Franklin.....						
Fulton.....	8	4	12			
Genesee.....						
Greene.....	6	15	21			
Hamilton.....						
Herkimer.....	1	1	2			
Jefferson.....						
Kings.....	56	20	76	1	1	2
Lewis.....						
Livingston.....	1	2	3			
Madison.....	46	42	88			
Monroe.....		1	1			
Montgomery.....	8	4	12			
Nassau.....						
New York.....	3	148	151		1	1
Niagara.....						
Oneida.....	9		9			
Onondaga.....	10	1	11			
Ontario.....						
Orange.....	3	10	13			
Orleans.....						
Oswego.....						
Otsego.....	45	58	103		2	2
Putnam.....		1	1			
Queens.....	5		5			
Rensselaer.....	21	21	42			

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Table No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Richmond.....	2	2	4			
Rockland.....	1	3	4			
St. Lawrence.....						
Saratoga.....	17	14	31			
Schenectady.....	2		2			
Schoharie.....	23	29	52			
Schuyler.....		1	1			
Seneca.....						
Steuben.....	9	12	21			
Suffolk.....	5	4	9			
Sullivan.....	2	1	3			
Tioga.....	34	40	74			
Tompkins.....		2	2			
Ulster.....	8	5	13			
Warren.....	6	4	10			
Washington.....		1	1			
Wayne.....						
Westchester.....	7	19	26			
Wyoming.....						
Yates.....						
Unascertained.....	5	2	7			
Total.....	707	843	1,550	3	6	9

TABLE No. 21

Showing the movement of population since the opening of the hospital,
October 19, 1881

Total number discharged as recovered.....	1,064
Total number discharged as improved.....	751
Total number discharged as unimproved.....	755
Total number discharged as not insane.....	24
Total number died.....	2,128
Total number of discharges.....	4,722
Total number of admissions.....	6,281
Remaining October 1, 1906.....	1,559

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TABLE No. 22

Showing suicidal and homicidal attempts and tendencies in cases admitted during the year ending September 30, 1906

	Men	Women	Total
Attempted suicide.....	3	4	7
Threatened suicide.....	2	9	11
Attempted homicide.....	1	1	2
Meditated homicide.....		1	1
Threatened homicide.....	6	6	12
Threatened suicide and homicide.....	2	3	5
Attempted suicide and threatened homicide.....			
Attempted homicide and threatened suicide.....			
Attempted suicide and homicide.....	2		2
Total.....	16	24	40

TABLE No. 23

This table is submitted for the purpose of showing how large a proportion of the cases admitted during the past 17 years were virtually chronic cases when admitted

YEAR	Whole number admitted	Found not insane	Number insane one year and over	Percentage insane one year and over
1890.....	104	.....	73	70.19
1891.....	282	.....	181	64.18
1892.....	207	1	129	62.31
1893.....	235	.....	134	57.02
1894.....	192	2	84	43.75
1895.....	218	.....	82	37.61
1896.....	405	2	285	70.37
1897.....	241	.....	89	36.92
1898.....	211	.....	83	39.33
1899.....	258	3	95	33.33
1900.....	265	1	125	47.17
1901.....	226	3	86	38.73
1902.....	262	3	105	40.07
1903.....	223	2	76	34.39
1904.....	261	1	90	34.48
1905.....	343	1	154	44.90
1906.....	352	1	181	54.26
Total.....	4,285	19	2,052	47.88

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TABLE No. 24

Showing the percentage of recoveries on the average population and on the number admitted since 1881

YEAR.	ON AVERAGE POPULATION			ON ADMISSIONS		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1882....	156	4	2.56	298	4	1.34
1883....	341	11	3.22	211	11	5.23
1884....	502	15	2.98	243	15	6.17
1885....	674	18	2.67	283	18	6.38
1886....	852	17	1.99	319	17	5.32
1887....	994	10	1.50	272	10	3.67
1888....	1,053	28	2.65	206	28	13.59
1889....	1,100	19	1.72	164	94	11.58
1890....	1,096	17	1.55	104	17	16.34
1891....	1,136	34	2.99	282	34	12.05
1892....	1,143	26	2.27	207	26	12.62
1893....	1,258	32	2.54	235	32	13.61
1894....	1,244	27	2.17	192	27	14.06
1895....	1,222	61	4.99	218	61	27.98
1896....	1,249	54	4.32	405	54	13.33
1897....	1,325	67	5.05	241	67	27.80
1898....	1,339	66	4.92	211	66	31.28
1899....	1,341	60	4.47	258	60	23.25
1900....	1,353.5	74	5.46	265	74	27.92
1901....	1,376	74	5.37	226	74	32.74
1902....	1,382	55	3.98	262	55	20.99
1903....	1,397.6	65	4.65	223	65	29.15
1904....	1,400.3	60	4.28	261	60	22.95
1905....	1,429	98	6.86	343	98	28.57
1906....	1,546.4	72	4.66	352	72	20.45

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TABLE No. 25

Showing the percentage of deaths on the whole number treated and on the average population for 25 years

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1882.....	14	298	4.69	156	8.96
1883.....	40	486	8.23	341	11.73
1884.....	47	668	7.03	502	9.36
1885.....	58	863	6.72	674	8.60
1886.....	80	1,086	7.36	852	9.38
1887.....	87	1,208	7.20	994	8.75
1888.....	81	1,245	6.50	1,053	7.69
1889.....	69	1,241	5.56	1,100	6.27
1890.....	55	1,212	4.53	1,096	5.01
1891.....	77	1,389	5.54	1,136	6.77
1892.....	87	1,364	6.37	1,143	7.61
1893.....	80	1,431	5.59	1,258	6.35
1894.....	84	1,463	5.74	1,244	6.75
1895.....	82	1,437	5.70	1,222	6.71
1896.....	86	1,631	5.27	1,249	6.88
1897.....	86	1,538	5.59	1,325	6.49
1898.....	103	1,547	6.65	1,339	7.69
1899.....	117	1,596	7.33	1,341	8.72
1900.....	106	1,607	6.58	1,353.5	7.90
1901.....	114	1,602	7.11	1,376	8.28
1902.....	101	1,612	6.20	1,382	7.30
1903.....	95	1,629	5.84	1,397.6	6.80
1904.....	132	1,661	7.95	1,400.3	9.43
1905.....	127	1,755	7.24	1,429	8.89
1906.....	120	1,819	6.60	1,546.4	7.76

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TABLE No. 26

Showing number of cases of general paresis admitted since 1881

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1882.....	3	.....	3	.....	.....	.....
1883.....	6	.....	6	4	.....	4
1884.....	13	.....	13	4	.....	4
1885.....	25	.....	25	10	.....	10
1886.....	23	.....	23	9	.....	9
1887.....	19	1	20	12	1	13
1888.....	10	1	11	14	.....	14
1889.....	10	4	14	7	.....	7
1890.....	4	.....	4	3	.....	3
1891.....	7	2	9	4	1	5
1892.....	5	.....	5	7	1	8
1893.....	2	.....	2	4	2	6
1894.....	2	.....	2	4	.....	4
1895.....	1	2	3	3	1	4
1896.....	13	3	16	8	2	10
1897.....	10	.....	10	12	3	15
1898.....	10	5	15	18	3	21
1899.....	15	4	19	10	.....	10
1900.....	14	3	17	9	4	13
1901.....	13	.....	13	4	5	9
1902.....	13	.....	13	10	.....	10
1903.....	9	3	12	13	1	14
1904.....	8	1	9	9	3	12
1905.....	12	3	15	13	3	16
1906.....	7	.....	7	9	.....	9
Total.....	254	32	286	200	30	230

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 27

General table showing the operations of the Binghamton State Hospital for
the 25 years ending September 30, 1906

YEAR.	Number admitted	Number dis- charged	Number treated	Dis- charged re- covered	Dis- charged im- proved	Dis- charged unim- proved	Dis- charged not insane	Died
1882....	298	9	296	4	3	2	.....	14
1883....	211	21	486	11	4	5	1	40
1884....	243	41	668	15	16	10	.....	47
1885....	283	38	863	18	14	5	1	58
1886....	319	70	1,086	17	43	10	.....	80
1887....	272	82	1,208	10	47	25	.....	87
1888....	206	87	1,245	28	36	23	.....	81
1889....	164	64	1,241	19	5	40	.....	69
1890....	104	50	1,212	17	2	31	.....	55
1891....	282	155	1,389	34	22	99	.....	77
1892....	207	81	1,364	26	28	26	1	87
1893....	235	80	1,431	32	36	12	.....	80
1894....	192	160	1,463	27	46	85	2	84
1895....	218	211	1,437	61	42	26	.....	82
1896....	405	334	1,631	54	31	161	2	86
1897....	241	202	1,538	67	29	20	.....	86
1898....	211	209	1,547	66	29	11	.....	103
1899....	258	254	1,596	60	52	22	3	117
1900....	265	231	1,607	74	39	11	1	106
1901....	226	252	1,602	74	36	24	4	114
1902....	262	206	1,612	55	26	22	2	101
1903....	223	229	1,629	65	32	34	3	95
1904....	261	249	1,661	60	46	8	3	132
1905....	343	288	1,755	98	49	14	.....	127
1906....	352	260	1,819	72	38	29	1	120

TWENTIETH ANNUAL REPORT
OF THE
BOARD OF MANAGERS
OF
St. Lawrence State Hospital
OGDENSBURG
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

[705]

OFFICERS,

BOARD OF MANAGERS

S. MORTIMER COON.....	Oswego
GEORGE W. DUSTIN.....	Malone
DR. JOHN J. ROBINSON.....	Plattsburg
MRS. MARY S. GOODALE.....	Watertown
MRS. ANNIE E. DANIELS	Ogdensburg
S. F. BAGG.....	Watertown
DR. LEONARD A. SAXER.....	Syracuse

OFFICERS OF THE BOARD OF MANAGERS

S. MORTIMER COON.....	President
MRS. MARY S. GOODALE.....	Secretary

EXECUTIVE COMMITTEE

GEORGE W. DUSTIN,	MRS. ANNIE E. DANIELS,
S. F. BAGG.	

ATTORNEY

HON. GEORGE R. MALBY	Ogdensburg
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CONSULTING STAFF

G. C. MADILL, M. D., Ogdensburg.....	Surgeon
W. B. HANBIDGE, M. D., Ogdensburg.....	Internal Medicine
W. N. BELL, M. D., Ogdensburg.....	Ophthalmologist
H. B. BUTLER, D. D. S., Ogdensburg.....	Dentist

RESIDENT OFFICERS

MEDICAL SUPERINTENDENT

RICHARD H. HUTCHINGS, M. D.

ELBERT M. SOMERS, M. D.....	First Assistant Physician
ROY L. LEAK, M. D.....	Second Assistant Physician
WALTER G. RYON, M. D.....	Assistant Physician
ETHAN A. NEVIN, M. D.....	Assistant Physician
CHARLES M. BURDICK, M. D.....	Assistant Physician
CAROLINE S. PEASE, M. D.....	Woman Physician
JAMES M. O'NEIL, M. D.....	Junior Physician
JOHN L. VAN DE MARK, M. D.....	Junior Physician
HARRY P. HEALEY, M. D.....	Medical Interne
CARLTON E. FOSTER, M. D.....	Medical Interne

STEWARD

WILLIAM C. HALL.

MATRON

MISS KATE A. SHERRY, R. N.

ERNEST S. BROWN.....	Chief Engineer
MARTIN HOULIHAN	Bookkeeper
JOHN MULLEN	Storekeeper
WILLIAM J. MEA.....	Apothecary
GERTRUDE PALMER, R. N.....	Chief Supervisor for Women
ARTHUR E. CLINE, R. N.....	Chief Supervisor for Men

REPORT OF THE MANAGERS

To the Honorable, The Governor and The State Commission in Lunacy:

The board of managers of the St. Lawrence State Hospital herewith presents its annual report for the year ending September 30, 1906. This board begs leave to present herewith the annual report of superintendent R. H. Hutchings, M. D., for the year ending September 30, 1906, and to refer to it especially as it is very full and complete in all respects, reflecting in detail the very efficient management of the St. Lawrence State Hospital. Special attention is called to that part of the superintendent's report relating to the construction work for the ensuing year.

At the date of the report for 1905, it appeared that improvement and enlargement of the laundry had been begun, and was well under way. During the past year that work has been substantially completed, the interior arrangement very much changed and improved, ample space provided to prevent crowding, new machinery installed, cement floors constructed in the additions, and new floor laid in the ironing room, and the entire interior of the laundry has been painted. These improvements were very greatly needed and add materially to the efficiency in that department.

New work is now in progress for the enlargement of the shop for industries by the patients. The new building, which is intended, will afford much more room for work, and will also contain a department for the employment of women patients. Such shops for industries, in the opinion of this board, are greatly needed, and it is believed that they will be a vast benefit to such patients, physically and mentally, who are fortunate enough to be employed in them.

The surgical operating room has not yet been completed, but it is well under way, and will be ready for occupation in the near future.

Of requirements for the coming year, we would especially mention that of an addition of 300 acres to the farm. It is worthy of remark that the value of the farm and garden products produced during the last fiscal year was more than \$35,000. Such a showing speaks for itself. An addition of 300 acres more

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

of land, which can be purchased for \$18,000, will add very greatly to the income from the farm, and will furnish substantially all of the farm products, especially milk and butter which are needed in the hospital. This can be done at comparatively small expense as the labor can largely be performed by the patients, much to their benefit, as well as to the economical management of the institution. This board very earnestly recommends the purchase of this land which is adjoining the present farm, and which can now be purchased at a comparatively low figure.

A limestone quarry, within one mile of the hospital grounds, consisting of about 25 acres, can be purchased now for about \$2,500. This hospital is in constant need of limestone for the construction of buildings, building and repairing roads, and for concrete which is being used in larger amounts every year for basement floors, sidewalks, etc. All this at present has to be purchased. Five hundred cords of limestone will be needed for such purposes for the coming year, and will cost, if purchased, \$2 a cord at the quarry. If owned by the State, this quarry could be worked almost entirely by patients from the hospital without much extra expense. It is believed by this board that the saving in expense will, in the next three or four years, entirely pay for the purchase of this property, and in future will make a vast saving in the cost of such material to the hospital. This board recommends it as good business management.

We call particular attention to that portion of the superintendent's report which relates to the removal of men patients from group 3 of the buildings. There seems to be an absolute necessity that this be done, and with as little delay as possible. The condition is such as never ought to have existed and would not have been had the original plans for the buildings been carried out. The present condition of group 3 is such that the most efficient management in this building cannot be secured, and it is a constant menace to good order, decorum, and general welfare of the patients in that department. This board fully coincides in every respect with the superintendent's report and his recommendations in regard to group 3.

A new building for employees has become a necessity. The time has long since passed in the management of institutions of this character when employees should be required during their hours of rest, to live in the buildings with the patients, and for

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

the accommodation, welfare and comfort generally of the employees, they should have a building by themselves. It is difficult at the best, to obtain a sufficient number of efficient employees, and it is rendered still more so when they have not proper quarters for their own occupancy. This board recommends the construction of such a building at the earliest possible time as being a necessity in aiding to keep the institution up to its present high degree of efficiency.

Attention is called to the need of enlarging the dining-room of reception cottage, west. This will cost about \$4,000. The last Legislature appropriated that sum for enlarging the dining-room in reception cottage, east. A similar sum, by reason of same conditions, is required for the coming year for the enlargement of the dining-room on the men's side of the hospital.

Trees and shrubs have been planted about the grounds from the appropriation of \$300 last year, and a fruit orchard has recently been planted near the garden cottage. These improvements have greatly beautified the grounds, and the fruit orchard in the near future will be of great value to the hospital. The same amount is asked for the coming year to continue this work. The expense is comparatively trifling, and will add many benefits and render our already beautiful grounds much more attractive.

The old ice house constructed of wood, is rapidly decaying, and probably cannot be used longer than for the coming year. The hospital has a small pond on the premises which is protected from deleterious substance, and from which the ice is used and great pains are taken that the water may be pure. A large amount of ice is required for the hospital, and the labor for the cutting and storage of the ice is largely performed by the patients. The ice house is a necessity, and this board recommends an appropriation of \$7,000 for this purpose, believing that with the aid of patients in the construction, this sum will be sufficient.

The population of the hospital September 30, 1906, was 963 men, and 854 women, making a total of 1,817. At the end of the previous year, it was 1,722. There were transferred from other institutions for insane during the year 119 patients.

The building known as Inwood for tubercular patients, with a capacity of 100, was completed during the past year and occupied.

We call especial attention to the report of the superintendent in

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

regard to the great benefits to patients to be derived from the use of this building. The building was opened for the reception of patients, January 9, 1906.

The board of managers has kept up its regular meetings every month during the year and individual members of the board have at different times been able to visit the hospital in addition to the regular meetings. The members of the board have taken a very great degree of interest in the welfare of the institution, and the inspection of the hospital has been thorough, often in detail, in all the different departments. Reports have been made to the Governor and to the State Commission in Lunacy, as required by law, and a book has been provided for a full record of the doings of the board, and also a book kept at the hospital in which has been entered the date of each visit of each manager.

We believe the general efficiency of the hospital in every respect has been fully maintained during the past year. Economy has prevailed in its management, and the expense per capita has been reduced. It is believed that, with a larger amount of farm land, and the purchase of the stone quarry, the per capita expense of the hospital will be further reduced.

In conclusion we wish to express our high appreciation, not only as to the executive ability, but as to the learning and scientific and practical skill in the treatment of patients by superintendent R. H. Hutchings, and that the St. Lawrence State Hospital, which has long had a reputation of being one of the very best in the land, has in no sense deteriorated in its efficiency. The medical faculty of which he is the head, have done their part in maintaining the very high degree which this hospital has attained, and generally the whole corps of attendants and assistants have been exceedingly efficient in their several lines of work.

All of which is respectfully submitted,

S. MORTIMER COON
ANNIE E. DANIELS
MARY S. GOODALE
GEO. W. DUSTIN
JNO. J. ROBINSON
LEONARD A. SAXER

Managers

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TREASURER'S REPORT

To the State Commission in Lunacy:

I herewith respectfully submit the treasurer's report for the year ending September 30, 1906:

MAINTENANCE FUND

Balance on hand September 30, 1905.....	\$115 27
Received from comptroller on approved estimates of the State Commission in Lunacy from Sep- tember 30, 1905, to October 1, 1906:	
For officers' salaries.....	18,350 00
For wages	122,900 00
For supplies	193,500 00
Received from steward, for sales, rents, etc.....	615 79
Received from reimbursing patients.....	11,297 26
Received from private patients.....	4,328 02
Total.....	<u>\$351,106 34</u>

Disbursements

Paid vouchers as per statements sent comptroller:	
Officers' salaries	\$18,330 26
Wages	122,801 25
Supplies	186,681 42
Paid State treasurer, cash re- ceived from miscellaneous sources from September 30, 1905, to Octo- ber 1, 1906	15,625 28
	<u>343,438 21</u>
Balance on hand September 30, 1906.....	<u><u>\$7,668 13</u></u>

GENERAL MANUFACTURING FUND

Receipts

Balance on hand September 30, 1905.....	\$105 28
Received from St. Lawrence State Hospital for butter	10,384 95

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Received from St. Lawrence State Hospital for jelly	75 00
Received from St. Lawrence State Hospital for eggs	1,958 04
Received from St. Lawrence State Hospital for sugar	511 57
Received from St. Lawrence State Hospital for potatoes	460 56
Received from St. Lawrence State Hospital for cheese	407 00
Received from St. Lawrence State Hospital for 12 tables	144 00
Received from W. C. Hall, steward, sales, uni- forms, etc	1,090 45
Total	<u>\$15,136 85</u>

Disbursements

Paid vouchers 1 to 160, as per statement sent comptroller from September 30, 1905, to October 1, 1906	<u>15,135 10</u>
Balance on hand September 30, 1906	<u><u>\$1 75</u></u>

SPECIAL FUND

Receipts

Received from State treasury, chapter 635, Laws of 1904	\$21,082 97
Received from State treasury, chapter 702, Laws of 1905	16,759 57
Received from State treasury, chapter 700, Laws of 1905	479 43
Received from State treasury, chapter 686, Laws of 1906	1,158 88
Total	<u><u>\$39,480 85</u></u>

Disbursements

Paid vouchers during the year, chap- ter 635, Laws of 1904	\$21,082 97
Paid vouchers during the year, chap- ter 702, Laws of 1905	16,759 57

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Paid vouchers during the year, chapter 700, Laws of 1905	\$479 43
Paid vouchers during the year, chapter 686, Laws of 1906	1,158 88
	<hr/> \$39,480 85

R. H. HUTCHINGS

*Treasurer*SUMMARY OF VOUCHERS AUDITED DURING THE
YEAR

Officers' salaries	\$18,330 26
Wages	122,801 25
Provisions and stores	88,937 29
Ordinary repairs	11,233 59
Farm and grounds	9,329 73
Clothing	10,520 83
Furniture and bedding	9,207 82
Books and stationery	1,972 35
Fuel and light	42,415 72
Medical supplies	1,507 04
Miscellaneous expense	7,566 17
Transportation of patients	3,990 88
	<hr/> \$327,812 93

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Quarterly audit of vouchers, with classification, year ending September 30, 1906

CLASSIFICATION	October, November and December	January, February and March	April, May and June	July, August and September	Total
Officers' salaries.....	\$4,383 01	\$4,438 08	\$4,728 01	\$4,781 16	\$18,330 26
Wages.....	30,016 30	31,138 21	30,947 03	30,699 71	122,801 25
Provisions and stores.....	21,749 91	21,522 49	24,034 42	21,630 47	88,937 29
Ordinary repairs.....	3,339 85	2,141 72	2,611 08	3,140 94	11,233 59
Farm and grounds.....	1,926 03	2,266 16	3,926 87	1,210 67	9,329 73
Clothing.....	4,533 70	1,658 23	2,088 37	2,240 53	10,520 83
Furniture and bedding.....	4,470 71	1,076 85	1,525 85	2,134 41	9,207 82
Books and stationery.....	488 78	445 51	489 60	548 46	1,972 35
Fuel and light.....	13,383 64	15,589 73	8,425 07	5,017 28	42,415 72
Medical supplies.....	516 65	424 11	256 81	309 47	1,507 04
Miscellaneous expenses.....	2,094 95	1,633 82	2,136 93	1,700 47	7,566 17
Transportation of patients.....	921 33	880 03	1,081 42	1,108 10	3,990 88
	\$87,824 86	\$83,214 94	\$82,251 46	\$74,521 67	\$327,812 93

REPORT OF THE SUPERINTENDENT

OGDENSBURG, N. Y., *December 7, 1906*

To the Board of Managers of St. Lawrence State Hospital:

Dear Sirs — I have the honor to submit herewith the 20th annual report of St. Lawrence State Hospital for the year ending September 30, 1906.

Very respectfully yours

R. H. HUTCHINGS

Superintendent

To the Board of Managers of St. Lawrence State Hospital:

I have the honor to submit the following report of the operations of the hospital for the fiscal year ending September 30, 1906.

The changes in population will be seen by the following tables:

	Men	Women	Total
Remaining October 1, 1905.....	900	822	1722
Admitted during year ending September 30, 1906:			
On original commitments:			
From residences	182	132	314
By transfers from county houses and from other institutions for the insane	65	59	124
	<hr/>	<hr/>	<hr/>
Total number under treatment during year	1,147	1,013	2,160
	<hr/>	<hr/>	<hr/>
Discharged during the year:			
As recovered	56	36	92
As improved	28	36	64
As unimproved	17	8	25

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

	Men	Women	Total
As not insane	4	2	6
Died	79	77	156
<hr/>			
Total number discharged during year	184	159	343
<hr/>			
Remaining September 30, 1906	963	854	1817
<hr/>			

As will be seen from the above table, the population increased 95 patients during the year. This increase was accounted for by the occupation of Inwood on January 9th, and the transfer from the Hudson River State Hospital and Utica State Hospital on January 26th, of 119 patients. Of this number 17 were suffering from tuberculosis and were admitted directly to Inwood, the remainder occupied quarters that were vacated upon the transfer of our own patients to the pavilion.

There were admitted on original commitments from their homes, 308 patients, and from county houses nine, a total of 317 new cases from our own district, which was larger by 30 than the number so admitted last year. The average daily population was 1800.

The discharges for the year were 343, of whom 92 were recovered and 64 were sufficiently improved to warrant their return to family life, though still exhibiting some degree of mental impairment. The recoveries were 29 per cent of the original commitments. Those discharged recovered and improved, that is, those who were distinctly benefited by hospital treatment and enabled thereby to resume their places in the world, were nearly 50 per cent. Physicians from the hospital examined at their homes 16 doubtful cases, some of which had been actually committed, and others of which the authorities were in doubt whether to commit here or elsewhere, and in this way they were excluded as not insane within the meaning of the law, or not suitable for admission to the State hospital 10 cases.

ADMISSIONS FOR THE YEAR

It has been customary for the past two years to present a table of diagnoses which represents the classification which is followed in the study and comparison of the patients admitted during the

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

year. This is not put forward as a permanent classification, indeed it varies with us from year to year, and is considered nothing more than a loose grouping of cases for the convenience of study and presentation. In this connection I wish to call attention to the review of the admissions for the year ending September 30, 1904, which will be found in the appendix. For the preparation of this review I am indebted to Dr. Somers. To present cases in this way, sufficiently condensed to be available in the annual report, and yet full enough to make them worth while for reference is a difficult task which in this instance, has been accomplished in a manner that will offer but few objections on either side. Everything essential in the case has been presented. Some of the histories are lacking in detail, from the fact that full facts were not available. Some of the patients remained but a short time; a few of them spoke no English, and in other cases other reasons prevented more complete elaboration. Everyone realizes how unsatisfactory it is to report on the result of treatment at the close of the fiscal year. Some who recovered had been under treatment for several years, and of those admitted during the last quarter, few, if any, had been under observation long enough to have recovered. These objections are removed in presenting cases three years old as shown in this review. The last one admitted has been under observation long enough to present some fairly definite symptoms suggesting what the outcome will be, and one may fairly pass conclusions as to the recoverability of the several forms of insanity and the results attained in that year. We expect next year to augment this review with a study of the cases admitted during the year ending September 30, 1905, and in the course of a few years there will be a number of cases sufficiently large to make conclusions of some value.

Following is given a table showing the provisional diagnoses of 319 original commitments and two transfers during the present fiscal year. With further study some of these cases will be put into other groups.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT
PROVISIONAL DIAGNOSES

From October 1, 1905, to September 30, 1906

	Men	Women	Total
Traumatic psychoses	3	0	3
Psychoses with more or less definite brain disease:			
(a) Focal cerebral lesion	5	2	7
(b) Psychoses accompanying Huntingdon's chorea	0	1	1
Senile psychoses	27	20	47
General paralysis	19	3	22
Alcoholic psychoses	47	3	50
Drug psychoses	4	2	6
Infective exhaustive psychoses	3	2	5
Allied conditions	4	2	6
Depression not sufficiently distinguished	1	0	1
Melancholic psychoses	6	18	24
Paranoic conditions	5	8	13
Dementia praecox	22	24	46
Allied to dementia praecox	2	5	7
Manic-depressive psychoses	12	15	27
Allied to manic-depressive psychoses	4	6	10
Constitutional inferiorities and neurasthenic states	4	3	7
Epileptic psychoses	3	6	9
Imbecility with excitement	7	3	10
Hysterical psychoses	1	1	2
Unclassified	6	6	12
Not insane	4	2	6
	<hr/> 189	<hr/> 132	<hr/> 321
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The number of old persons committed to State hospitals continues large, 27 men and 20 women classed as senile with insanity attributed to old age were admitted during the year. This class offers but little hope of improvement, and the disposition to commit such cases to the hospital seems to be increasing. It is difficult to determine in some instances whether such cases should properly be received. The number of cases of insanity attributed to alcohol this year was 50, only three of whom were women.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT
INWOOD

The pavilion for the segregation and treatment of insane tuberculous patients has accommodations for 50 of each sex. It is situated some distance from the principal groups of buildings on the southerly side of a grove composed largely of evergreens and has full southern exposure. It is well protected from the north and west winds, which are the prevailing winds in this section. In its construction this pavilion is a radical departure from the type which has heretofore prevailed in this hospital. It is of wood, lightly constructed, and has a flat roof. It was modeled by the State architect and the State Commission in Lunacy along the lines suggested from the plans for the King Edward prize pavilion. It consists of a central portion containing a dining room in front and kitchen behind with sleeping rooms above for employees. Extending in either direction is a wing two stories in height, having six single rooms and a ward, which contains 19 beds. Bath rooms, clothes rooms, lavatories, etc., are conveniently situated to each ward.

The building as planned has given excellent satisfaction. The only difficulty which we have experienced is that it has been somewhat difficult to heat in our extreme northern climate, and in such latitudes it would be better if it were constructed in a more substantial manner. The arrangements for heating a pavilion of this character should be ample, for it is considered essential to have some of the windows open at all seasons of the year, and in order to obtain an even temperature of 55 to 60 degrees in the winter the capacity of the furnace is taxed to its utmost.

The building was open for the reception of patients on January 9th, and therefore the report of its operations covers the period from January 9th to September 30th, a little less than nine months. There were admitted during this time 113 patients, 66 women and 47 men, including 20 who were transferred from other State hospitals for that purpose. There were in our own wards on January 9th, in a population of 1,722, 78 tuberculous patients, a ratio of 4.5 per cent.

Not much can be gleaned from the reports of other hospitals for the insane regarding the prevalence of tuberculosis among the inmates, except from the table of deaths, from which it would not be possible to make anything like an accurate estimate. That it prevails to an alarming degree I have no doubt. Dr. William

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

A. White, in the report of the Government Hospital for the Insane for 1905, gives an analysis of the deaths due to tuberculosis in that institution during the 20 years, 1885 to 1905, which shows that during that period 1,988 autopsies were performed upon the bodies of patients dead from various diseases, and that in 27.8 per cent tubercular lesions of greater or less degree were demonstrated. Dr. W. F. Menzies, superintendent of the Staffordshire Asylum, England, made a careful examination of the 647 patients in the asylum last year and found no less than 348 or 53 per cent, were tubercular. He also reports that his autopsies showed 68 per cent of old or recent tubercle. In this hospital tuberculosis has been the cause of 2.8 per cent of the total deaths, and the autopsy records show that cases coming to autopsy, which died of other diseases than tuberculosis, 10 per cent showed evidences of old or recent infection of the lungs. These figures, though fragmentary, give some idea of the wide prevalence of the disease among asylum inmates.

When one considers the inactive lives led by the majority of insane patients, particularly those in the terminal stages of dementia, the catatonies and the profoundly melancholy, it is not surprising that the disease should be frequently encountered, both clinically and at autopsy. Unable by reason of their mental condition to engage at out-of-door employment or pastimes, a large percentage of the inmates lead essentially indoor lives, and in the best regulated institutions there is more or less overcrowding in the wards occupied by this class, which further decreases their resistance to the disease.

Another important matter to be considered in this connection is the danger to which employees, the nurses and attendants, are exposed, where patients affected with tuberculosis are not separated from contact with others, but are permitted to mingle indiscriminately in wards and dining rooms. The state of New York has wisely made provision for this class in pavilions, erected at four of the State hospitals, and will extend the number until all the tuberculous insane are in buildings apart from the other inmates. Of the 113 patients admitted to Inwood during the period under consideration, few could be considered strictly incipient. They were the patients who were then inmates of the hospital and 20 who were transferred from other hospitals for the reason that they were a menace to the health of others. Several were transferred to the pavilion from our own wards almost in

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

a dying condition. Four lived less than 10 days; eight died within 30 days, and not one of the 19 who died lived three months. These figures are stated in this way to show the character of cases that were received in the pavilion and to contrast with them the beneficial results that were achieved in many where the conditions for recovery were more favorable.

Four of the Inwood patients have been discharged and returned to their homes, apparently cured of tuberculosis, and three of them recovered from insanity, the fourth much improved mentally. These gained in weight respectively 17, 21½ and 33½ pounds and the fourth whose improvement had already been considerable before the pavilion was opened did not gain further in weight, but some remaining physical signs cleared up. Fourteen others have improved to such a degree that all active symptoms have disappeared for several months and physical examination is either negative or shows only diminished resonance over the affected area. All of these could be safely transferred to other wards if the accommodations at Inwood were needed for new cases. These have shown in addition to the disappearance of symptoms, as cough and expectoration, very satisfactory gain in weight and corresponding improvement in appearance. The average gain in weight was about 22 pounds; several gained more than 30 pounds, one 47 and one 50 pounds. One case which attracted considerable notice was that of a man with a lesion at the upper portions of both lungs. He had been confined to his bed in the central group for seven months and was extremely emaciated. He was unable to walk even a few steps and was carried to Inwood on a stretcher. He weighed at that time only 86 pounds. His bed was wheeled into the open air and though the weather was extremely cold he was well covered and surrounded with hot water bottles. His appetite was poor, and it was difficult to get him to take sufficient food at first, and it was necessary to resort to stomach tube. He declined further in weight to 80¾ pounds, but after that improved and since June has been out of bed. He now weighs 136 pounds, is quite strong. At the present time, the only evidence of disease of the lungs is an impaired resonance on the right side as low as the third rib, and a diminished expansion of the right side of the chest; neither cough nor rales are present.

Another case of this kind was that of a man transferred from another State hospital to be admitted to Inwood. He was unable

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

to walk and was carried to the pavilion in the arms of an attendant. His weight on admission was found to be 78 pounds. He is now up and walking about out of doors and his physical signs are improving steadily. He has gained 22 pounds in weight. There is a group of six patients who have gained in weight, but in whom the physical signs are well marked. These patients have gained from 10 to 16½ pounds and are evidently improving, though not much, if any, change can be made out from physical examinations of the lungs. Another group comprising 47 patients remains in practically the same condition as when admitted to the pavilion. Their weights fluctuate slightly from week to week, but as last recorded it shows that seven are at the same weight and 14 have lost slightly. This group seems to be in a stationary condition as regards the symptoms and physical signs. Most of them have been under treatment in the pavilion since January 9th. Some have been admitted subsequently. Finally, there is a group of 16 who are losing in weight and whose symptoms indicate a steady progression of the disease.

The treatment followed at the pavilion is that employed in the open air sanatoria, and I am indebted to Dr. E. L. Trudeau, of the Adirondack Cottage Sanitarium, and Dr. M. P. Burnham, superintendent of the New York State Hospital for the Treatment of Incipient Tuberculosis at Raybrook, also to Dr. Walter J. Marcley, superintendent of the Massachusetts State Sanitarium at Rutland, for useful suggestions in inaugurating our work at the pavilion. The patients are kept out of doors, well protected from the cold with blankets and rugs, and where the circulation is feeble with warmth to the extremities. The time so spent out doors averages from six to nine hours daily. In those patients in which the disease is at all active, no exercise is permitted except what is required in going to and from the dining-room and verandas. When the temperature is normal, moderate exercise in the vicinity of the building is permitted. Drugs are only used to combat particular symptoms, and as a matter of fact are but little employed. Some of the windows and transoms are left open whenever the patients are indoors and no attempt is made to keep the temperature of the ward higher than 55 or 60 degrees.

The dietary has been liberal and varied, but we have not adopted any extreme ideas in regard to the character of the food, believing that a mixed diet is more acceptable to the patients and better digested and assimilated. The following is a copy of the dietary for one week, selected at random:

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MONDAY

B.—Rolled wheat and milk, bread, butter, coffee.

D.—Roast beef, gravy, potatoes, stewed tomatoes, bread pudding.

S.—Raised biscuit, baked apples, bread, butter, tea.

TUESDAY

B.—Rolled oats and milk, bread, butter, coffee.

D.—Pork chops, gravy, baked potatoes, boiled onions, farina pudding.

S.—Corn meal mush and milk, cheese, bread, butter, tea.

WEDNESDAY

B.—Rolled wheat and milk, hash, bread, butter, coffee.

D.—Fricassee of beef, potatoes, sliced tomatoes, corn starch pudding.

S.—Ginger bread, prune sauce, bread, butter, etc.

THURSDAY

B.—Hominy mush and milk, bread, butter, coffee.

D.—Vegetable soup with rice, potatoes, pickled beets, sago pudding.

S.—Macaroni and cheese, syrup, bread, butter, tea.

FRIDAY

B.—Rolled oats and milk, bread, butter, coffee.

D.—Fried fish, potatoes, mashed turnips, rice pudding.

S.—Raised biscuit, apple sauce, bread, butter, tea.

SATURDAY

B.—Rolled wheat and milk, hash, bread, butter, coffee.

D.—Corned beef, cottage potatoes, corn starch pudding.

S.—Corn meal mush and milk, cheese, bread, butter, tea.

SUNDAY

B.—Rolled oats and milk, bread, butter, coffee.

D.—Baked pork and beans, potatoes, sliced tomatoes, rice pudding.

S.—Cake, peach sauce, bread, butter, tea.

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In addition to the above, special diet consisting of milk, eggs and made dishes is prescribed by the attending physician in all cases that require it. In addition to the three daily meals a lunch is served to all patients at 10 a. m. and 3 p. m.

IMPROVEMENTS DURING THE YEAR

Laundry—In the last annual report it was noted that the enlargement of the laundry had been begun and was well under way. An addition to the rear for a dry room, and one on the southern end for an assorting room was completed at that time. During the past year a new ironing room was constructed by changing the interior arrangement which provides a large airy room with 37 ironing boards next the wall, with ample space in the center to prevent crowding. The following machinery was installed: One Annihilator mangle, two metallic washers, one starch kettle, one Tolhurst extractor, and eight metallic drying cabinets. Cement floors were constructed in the additions, and a new floor was laid in the ironing room, and the entire interior of the laundry was painted. A room was constructed adjoining the wash room to contain soap tanks; by this change, all odor arising from the boiling of soap is removed from the laundry and the possible danger of patients coming in contact with it is lessened. The laundry is now convenient and modern, and in every way satisfactory. The amount expended on this improvement including new machinery was \$12,250.

Enlargement of the Shop for Patients' Industries—The Commission this year authorized the enlargement of the shop which is at present used by the tailor and painter, and its conversion into a shop for patients' industries. The enlargement is now under way. The building in present use for this purpose will be divided by a partition and will be occupied by the tailor and painter, as it is sufficiently large for their needs. The new building is intended not only to afford more room for the work now being done, but a room will be set apart where women patients will be employed. The Commission has authorized the employment, when necessary, of a woman to teach them, and be responsible for them while away from the wards. Amount appropriated \$1,800.

Surgical pavilion—The sum of \$5,000 was appropriated by the Commission for the construction of a surgical room in connection with the central hospital group. This is a need that has

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long been felt. We have outgrown the rooms that have heretofore been used for that purpose, and the present addition will be in accordance with the most modern ideas in regard to the construction and interior arrangement. The building is nearing completion and will be occupied during the winter. It is constructed of Gouverneur marble finished in rockfaced ashler in harmony with the construction of the remainder of the central hospital group. It is one story in height, with a large skylight on the northern slope of the roof. It consists of an operating room 14 x 26 feet opening into which are a sterilizing room and a supply room. The operating room is reached by a short corridor, on one side of which is the anesthesia room, and on the other the surgeons' dressing room. The floor is finished with white porcelain tile and the walls are of Keen's cement. The floor plan of the surgical pavilion is shown on another page.

Chapel — Through the generosity of Rev. J. H. Conroy, rector of St. Mary's cathedral, and vicar general of the diocese of Ogdensburg, and the members of his church in our district, the hospital has been presented with a handsome chapel, constructed under the law of 1906, whereby religious societies are permitted to erect chapels on the grounds of State hospitals. When completed the building is to be deeded to the State, but is to be used exclusively for Roman Catholic services. As will be seen by the cut which appears on another page the chapel is beautifully and substantially constructed of Gouverneur marble. Its cost was approximately \$20,000, all of which money was raised through the efforts of Father Conroy from among the members of his church. The building will seat about 800.

Warehouse — From an appropriation made by the Legislature last year a substantial fireproof warehouse was constructed a short distance in the rear of the store along the railroad track. It consists of a store room 30 x 60 feet, with a solid re-enforced concrete floor, and a dry roomy basement beneath of the same size. The building has proven entirely satisfactory and affords room for storing large quantities of staple supplies such as flour, salt, sugar, etc., which we have either not been heretofore able to purchase in car-load lots or if so purchased, it is necessary for them to be stored here and there wherever a place could be found.

Tibbet's Creek bridge — The bridge which was mentioned in the last two reports as being under construction was practically finished last year, and a temporary cinder road constructed over it.

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This year a macadam road was built over it connecting with Proctor avenue and extending on the other side as far as the limits of the hospital property. The culvert has now been standing for two years and has withstood the severe cold without crack or injury of any kind. All that remains to be done is to complete a permanent guard rail of iron and cement, and erect a drinking fountain near the eastern approach. The name of William C. Hall should be remembered in connection with this improvement. It was at his suggestion that its construction was undertaken in this manner after the original plans for a steel bridge over the ravine had to be given up. It was he who made the plans, superintended the construction and assumed the responsibility for the success of the work.

Farm and Grounds — Eight thousand feet of four-inch tile was laid to continue the scheme of farm drainage. The fertility of the soil is steadily improving by reason of the wise management of our head farmer, Charles Bartholomew, whose system of crop rotation has produced satisfactory crops and added to the fertility of the soil. In this connection I wish to call attention to the steward's report where the satisfactory operations of the farm are set forth in detail. The chief advantage to an institution of this character from a farm is not in dollars and cents, but in the benefit which has been derived by the patients in that they are afforded throughout the greater part of the year pleasant and healthful occupation in caring for the farm and garden, and attending to the thousand and one small duties which afford them interest and pleasure. Many of our patients are keenly interested in the work of the farm, the garden and livestock. One patient raised enough tobacco on a small plot of ground set apart for him to supply the patients at Farm cottage with tobacco the year round. Others drive teams and care for horses, others assist in the care of cows and other farm animals. One cares for a flock of sheep which graze during the summer on the extensive lawns about the central group. The wool from these sheep is knit by women patients into warm stockings for men who work out of doors in the winter. There are innumerable ways in which a farm contributes to the contentment and healthful employment of the patients.

Minor Improvements — Cement walks: Five thousand three hundred and seventy-two square feet of cement walks were laid, including the replacing of the old walk between the executive

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building and the superintendent's cottage, and new walks as follows: from convalescent cottage east to amusement hall, from convalescent cottage west to the employee's building, and a walk from the rear of the amusement hall to the main walk near the laundry.

An addition was built to the chicken house at Garden cottage which increases its capacity about 200 hens.

Inwood was painted throughout under a special fund appropriation, at a cost of \$612.50. Some difficulty was experienced last winter in heating Inwood, which was thought to be due to the fact that the chimney was not high enough to make an effective draft. This was remedied by an addition of 11 feet to the top of the chimney, which it is hoped will overcome the difficulty experienced last winter.

REQUIREMENTS FOR THE COMING YEAR

Addition to Farm, 300 Acres, \$18,000—This item was requested in the last annual report, and it was there shown that with the comparatively small amount of acreage at our disposal, the farm was operated at a considerable profit. The value of the farm and garden products produced during the last fiscal year was more than \$35,000. The number of acres of land available for farm purposes is now 600. We have on hand usually about 200 head of cattle, and have been buying considerable quantities of milk for the manufacture of butter. This we could more profitably raise than purchase if there was sufficient land to increase our herd. There are adjoining our farm on the south side two parcels of land for sale which are desirable from every point of view, and which can be purchased at from \$50 to \$65 an acre. The price is reasonable, and will doubtless advance in the near future. We are renting one of these farms and in addition we are paying for the pasturage of cattle on another piece of land.

Stone Quarry, \$2,500.—Since the hospital was opened there has been constant demand for limestone, for the construction of buildings, for building and repairing roads and for concrete which we are using in large amounts every year for basement floors and for sidewalks. There is no stone on the hospital grounds and all has been purchased. There is within one mile of the hospital a limestone quarry from which stone was taken for the construction of some of the buildings. This quarry is on a lot of 25

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acres which is for sale and can be purchased for \$2,500. Twenty acres of this land, until opened for quarry, can be used for pasture. We need for next year 500 cords of limestone for the repair of macadam roads, and this will cost us \$2 a cord at the quarry. During the winter it is difficult to find employment for our men patients, who during the summer are employed on the farm and at grading, and a number of them could very profitably be employed at quarrying when there is no other work which they could do. At that time also the farm teams would be available for hauling the stone, and it could also be crushed and prepared during the winter, so that there would be no delay when the season is favorable for building.

Provisions for the Removal of Men Patients from Group 3 — Group 3 was designed to accommodate 400 women patients of the quiet, industrious class. It was expected that during the day the wards would be practically emptied; patients going to the laundry, sewing rooms, work shops and kitchens. A similar building was designed to accommodate men, to be known as group 4. When group 3 was completed it was found, in order to relieve the overcrowding in the men's ward in the central group, that some of the wards at group 3 would have to be given over to men patients, and as a temporary make-shift, four wards were designated to be occupied by men patients. It was fully expected that another year would see group 4 constructed, and the plan carried out as designed, but group 4 was never constructed, and the condition of affairs at group 3, though highly undesirable from every standpoint, has gone on from year to year. The building was not designed for the two sexes. There is no way of keeping them apart except to lock them in their own wards, and there is but one dining-room for the entire building, and the men and women must occupy it at the same time, and as they are not of a quiet and industrious class, but are disturbed and boisterous, it is highly undesirable that the sexes should come in contact with each other. It is recommended that a building be erected between group 3 and the farm cottage of sufficient size to accommodate the men re-group 3, who number now about 165. This would increase our accommodations for women patients by that number.

Employees' Building, \$68,000 — It is now everywhere recognized as best to remove employees from contact with patients

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during hours of rest. For this purpose buildings for the accommodation of employees are being erected in many of the State hospitals. At group 3 one wing of the building has been set apart for the accommodation of employees, which only partially removes them from the wards. It is too small to accommodate all of them, and others have been temporarily domiciled here and there throughout the buildings.

At Inwood there are 18 employees rooming in close proximity to the tuberculous patients, and they complain of being disturbed by the sounds from the wards; and close association with this class of patients both day and night is not an arrangement to be approved. We very much need a building for the accommodation of employees at group 3 and Inwood. This would give us an opportunity to use the quarters now occupied by employees for patients, and we would thus be able to accommodate 80 additional patients. The State architect has prepared plans for a building such as we require which he reports can be erected at the hospital for the sum of \$68,000. There are 92 employees at Inwood and group 3. The building should accommodate 120 to provide quarters also for employees in the new building (for men patients now in group 3) the erection of which is recommended in this report.

Enlarging Dining-room, Reception Cottage West, \$4,000 — The last Legislature appropriated \$4,000 for enlarging the dining-room in reception cottage east. We will require this year a similar sum for the enlargement of a similar dining-room on the men's side of the hospital. It is equally crowded and an additional reason for this will be to harmonize the architecture of the building. The buildings are so near together that a change in one would be conspicuous if a similar one was not made upon the opposite side.

Renewal to Plumbing and Addition to Lavatories, \$6,500 — The plumbing throughout the institution was installed about 16 years ago, and it has now reached the stage where extensive renewals are necessary. We have made from time to time repairs and renewals, which were imperatively required, but many of the more important lines have become worn, particularly the hot water lines are in bad condition and require almost constant attention from the plumber to repair leaks. At the last visit of the Commission this question was fully discussed, and the

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Commission suggested certain improvements and changes in the bath rooms and water closets, particularly at group 3 and the infirmary, where the facilities are wholly inadequate for the number and class of patients cared for. J. F. Miller, supervising engineer, has inspected the plumbing recently and recommended renewals throughout the laundry and employee's building and the central group. In order to overhaul the plumbing and put it in good order and make the changes suggested by the Commission the sum of \$6,500 will be required.

Trees and Shrubs, \$300 — From the appropriation for this purpose last year a large number of trees and ornamental shrubs were planted about the grounds, and an orchard of fruit trees was planted near the garden cottage. The same amount will be required to continue the planting the coming year. There is much yet to be done about our grounds to make them attractive.

Ice House, \$7,000 — It will be necessary next year to rebuild our large ice house. It has been in use for 16 years and is now showing signs of decay. Last spring the roof settled to some extent, but has been braced up and will do for this year's crop of ice, but would not last longer. The present house is 75 feet long and 40 feet wide, and 18 feet to the eaves, and cost \$7,000.

INFECTIOUS DISEASES

We have had during the summer an unusual number of cases of diarrhœa and dysentery. The epidemic began in August and continued through the month of September. Cases occurred in all the buildings but at garden cottage and farm cottage the disease was milder than elsewhere. The first case occurred in ward G west, followed by two others, when it appeared simultaneously in all the larger wards. In the central group there were 76 patients and 24 employees attacked, at the infirmary 43 patients and eight employees, at group 3, 64 patients and 25 employees, farm cottage five patients and two employees, and at garden cottage three patients mildly. A total of 190 patients and 58 employees were attacked with the disease during a period of about five weeks. There were 14 deaths from this cause, most of them among feeble and aged patients; no employee died. The appearance of diarrhœal diseases, of which dysentery is one, in an epidemic form in a community suggests a common source of infection, which is usually traced to the water supply. Our water is obtained from the Oswegatchie river, which supplies the city of

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Ogdensburg, and while the color of the water is objectionable, and it is frequently contaminated with sawdust and other impurities, no disease has ever been traced to it. There are, however, several villages on its banks and it runs throughout nearly the whole of its course through a farming country where opportunities for infection are numerous. The appearance also this year of a case of typhoid fever in a patient who had not been off the hospital grounds for a long time cast still further suspicion upon the purity of the water supply. It should be mentioned that there has not been an unusual prevalence of these diseases in the city during the past summer. Some cases of dysentery were reported, and there is always more or less typhoid fever, which is popularly believed to be contracted from the use of well water.

In October, 1905, there was a small outbreak of diphtheria among employees and their families; no cases occurred in the wards. There were in all four cases, all of which recovered. In September, 1906, a case of diphtheria developed in a patient on ward B east. So far as could be ascertained no exposure to this disease had occurred. No other case developed. Two cases of scarlet fever occurred in June.

I regret to report the death of two employees during the year. On June 18th, Patrick Mullady, employed in the engineer's department, while making repairs to some of the machinery, became entangled in a revolving shaft, and suffered injuries from which he died a few hours later. Mullady had been a faithful employee for many years, and his death was regretted by all. On July 1st, John Harrison, an attendant at the central group, died after a brief illness of scarlet fever. He had been but a short time employed here, but gave promise of being an excellent attendant.

On September 11th, a parole patient, John Savage, while helping with work in the barn was accidentally killed by falling a distance of 30 feet.

BOARD OF MANAGERS

The board of managers held regular meetings at the hospital on the second Wednesday of each month throughout the year. The meetings have been well attended, the smallest number present on any occasion being three. The monthly reports to the Commission have stated in detail the business which came before them for consideration, and in addition to routine matters which have been

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brought to their notice by the superintendent, they have seen many patients in conference who desired to consult them, and have fulfilled a useful function to the public and to the patients. They usually come to the hospital charged with messages from friends to patients and not infrequently with packages of all sizes and description. I regret to note the resignation of Frederick R. Hazard from the board, who was compelled to sever his connection by reason of pressing business interests. Dr. Leonard A. Saxer, of Syracuse, was appointed to fill this vacancy.

CHANGES IN THE MEDICAL STAFF

Dr. John L. Van de Mark was appointed medical interne on February 17th, and after having successfully passed the examination for junior physician was promoted to that position on May 1, 1906. On April 14th, Dr. E. Carlton Foster was appointed to fill the vacancy caused by the promotion of Dr. Van de Mark. Dr. Nicholas J. Dynan resigned on July 11th to accept a position in the Government Hospital for the Insane at Washington, D. C. Dr. Harry P. Healey was appointed to fill this vacancy.

PATHOLOGICAL INSTITUTE

Dr. Nevin attended a three months' course of instruction at the Pathological Institute with special reference to neuro-pathology. Since his return he has had charge of the pathological department. We are indebted to Dr. Meyer for his continued interest in the welfare of the institution and for valuable assistance in many

AMUSEMENTS

The usual attention has been given to amusements and recreation during the year. Our weekly dance was held on Friday evening during the cooler months of the year, and there was always a large attendance. No entertainment which we can offer seems to please so many as the dancing parties. They begin at 7:30 and are over at 9:30. The steam yacht Dorothy was in commission during the summer and a large number of patients were enabled to enjoy a morning or afternoon on the river. On June 12th, 107 patients attended the afternoon performance of Hargrave's circus in Ogdensburg, and on the 27th of September 177 patients attended the annual fair of the Oswegatchie Agricultural Society in Ogdensburg. On neither occasion was there disturbance of any kind, nor an attempt on the part of any patient

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to escape. On September 14th, the annual field day sports were held on the hospital grounds preceded by a parade which has come to be a feature much appreciated by those who take part as well as those who look on. Among the entertainments given in the amusement hall during the year was one by Marks Bros.' Dramatic Co., in October, and an entertainment by W. H. Barbour and friends, and an evening by Walter Eccles. Mr. McCollum was here one evening in February, Mr. Williams entertained one evening, and the Dibble company moving pictures showed here in November. On Sunday afternoons the usual chapel services were held at the amusement hall conducted by ministers from the several denominations in the city. I wish to express my appreciation of the services so rendered by Rev. D. H. Craver, Guy L. Brown, E. L. Sanford, J. H. Conroy, E. A. Allison and A. M. Wight.

During the year the usual visits were made by the State Commission in Lunacy. On October 6th the Commissioners met with the board of managers and considered extraordinary requirements for the coming year. We are under obligations to the Commissioners for their helpful suggestions and their patient consideration of the many small details which contribute to the year's work. On July 11th the quarterly conference of the State Commission in Lunacy with the superintendents was held in Ogdensburg. Representatives from all the State hospitals were present and after the formal proceedings inspection of the hospital and grounds was made. On October 31st there was held at the hospital a meeting of assistant physicians from the several hospitals of the northern portion of the State, which was presided over by Dr. Adolf Meyer, director of the Pathological Institute. There were present in addition to our own staff, representatives from the following state hospitals: Buffalo, Utica, Willard, Binghamton, Rochester, Gowanda and Craig Colony for Epileptics. A number of cases were presented bearing upon the subject of manic-depressive insanity, particularly those showing a departure in some direction from the established type which brought about an interesting discussion on the entire subject. In addition to the discussion papers were presented by the following physicians: Dr. Henry P. Frost of Buffalo, Dr. E. L. Hanes of Rochester, Dr. John W. Russell of Willard and Dr. Thomas I. Townsend of Utica. The meeting was continued throughout the afternoon and evening and an adjourned session was held the following morning.

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The hospital was visited by Dr. Russell on January 16th, June 5th and July 11th to examine newly admitted cases and make a general inspection of the institution.

ACKNOWLEDGMENTS

We are under obligations to the publishers for the following newspapers, which have been furnished gratuitously for the use of our patients, and we wish to assure the publishers that their papers are distributed with care, so that they will reach the hands of those who are interested in them: Adirondack News, Antwerp Gazette, Canton Commercial Advertiser, Baldwinsville Gazette, Carthage Republican, Chateaugay Record, Essex County Republican, Fayetteville Weekly Recorder, Franklin Gazette, Glens Falls Morning Star, Gouverneur Free Press, Jefferson County Journal, Lakeside Press, Lowville Journal and Republican, Malone Palladium, Mexico Independent, Watertown Advocate, Ogdensburg Advance, Potsdam Courier and Freeman, Potsdam Recorder, Elizabethtown Post, Fort Covington Sun, Theresa Weekly Gleaner, Malone Farmer, Manlius Eagle, Northern Tribune, St. Lawrence Republican, Plattsburg Republican, Sandy Creek News, Tully Times, Watertown Post, St. Lawrence Herald, St. Lawrence Plaindealer, Ticonderoga Sentinel, Watertown Herald, Northern Christian Advocate, Watertown Re-Union, Richville Recorder, Phoenix Register.

We are under obligations for donations to the patients' library to Miss Wilhelmina Caldwell, who also contributed to the Christmas entertainment and has in many other ways added to the entertainment of the patients. Prof. Bowen contributed a box of magazines, Century Club large box of magazines and papers, Mrs. C. O'Brien and Mrs. S. Woolworth donated books, Saunders & Co., of Philadelphia, contributed several volumes for the nurse's library, State hospital club magazines and papers.

I wish to express my appreciation of the cordial support and good will of the board of managers which has been a source of encouragement to me throughout the year. To the medical staff, and the steward, who have shared with me the responsibilities of administration, I am also grateful, and to the nurses, attendants and employees who have by faithful service each in his own sphere contributed to the progress of this great institution.

Respectfully submitted.

R. H. HUTCHINGS

Superintendent

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STEWARD'S REPORT

To the Medical Superintendent:

The report of the farm and garden products, live stock on hand, the classification for maintenance, steward's sales and articles manufactured and repaired for the year ending September 30, 1906, is herewith respectfully submitted.

W. C. HALL

Steward

FARM REPORT

Apples, 23 bushels.....	\$11 50
Beef, 7,049 pounds.....	458 18
Butter, 4,901 pounds.....	1,019 89
Calves sold, 6.....	10 00
Chicken, 1,838 pounds.....	275 70
Corn, ear, 26 bushels.....	13 00
Eggs, 2,015 dozens.....	403 00
Ensilage, 800 tons.....	2,800 00
Hay, 523 tons.....	6,276 00
Hides, cow, sold, 905 pounds.....	86 50
Hides, calf, sold, 4.....	5 90
Hides, deacon, sold, 8.....	5 90
Milk, 295,839 quarts.....	9,614 76
Milk, skim, 14,820 pounds.....	37 05
Oats, 4,300 bushels.....	1,548 00
Pigs, sold, 157.....	334 50
Pork, 49,773 pounds.....	3,732 97
Potatoes, 7,760 bushels.....	3,880 00
Straw, 140 tons.....	840 00
Tallow, sold, 655 pounds.....	19 65
Veal, 345 pounds.....	27 60
Wool, 189 pounds.....	47 25
Grease, 200 pounds.....	4 00

\$31,451 35

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GARDEN

Asparagus, 697 bunches.....	\$48 79
Beans, string, 278 bushels.....	139 00
Beans, Lima, 34 bushels.....	25 50
Beets, 896 bushels.....	268 80
Beets, 515 bunches.....	25 75
Raspberries, 143 quarts.....	11 44
Cabbage, 316,522 pounds.....	1,582 61
Carrots, 772 bushels.....	231 60
Cauliflower, 514 heads.....	25 70
Celery, 19,209 heads.....	576 27
Corn, sweet, 32,316 ears.....	242 37
Corn, pop, 33 bushels.....	33 00
Cucumbers, 313 bushels.....	156 50
Currants, 482 quarts.....	28 92
Egg plant, 30 pounds.....	90
Horse radish, 38 bushels.....	19 00
Kolrabi, 6 bushels.....	2 10
Lettuce, 329 bushels.....	131 60
Mint, 74 bunches.....	2 22
Onions, 476 bushels.....	285 60
Onions, 7,367 bunches.....	147 34
Parsnips, 628 bushels.....	251 20
Parsley, 720 bunches.....	21 60
Peas, green, 242 bushels.....	181 50
Peppers, red, 18 dozens.....	54
Pickles, 22,000.....	165 00
Pumpkins, 23,710 pounds.....	59 28
Radish, 6,280 bunches.....	251 20
Rhubarb, 2,448 bunches.....	122 40
Sage, 220 bunches.....	22 00
Salsify, 90 bushels.....	45 00
Squash, 26,143 pounds.....	261 43
Strawberries, 293 quarts.....	23 44
Tomatoes, 571 bushels.....	228 40
Tomatoes, green, 34 bushels.....	8 50
Turnips, 978 bushels.....	244 50
Melons, musk, 1,517.....	75 85
Melons, water, 115.....	11 50

 \$5,958 35

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LIVE STOCK AND POULTRY ON HAND

Boars	3
Bulls	2
Calves	21
Colts, 3-year	2
Colts, 2-year	3
Colts, suckers	5
Cows	167
Heifers, 2-year	21
Hens and chickens	750
Hogs	150
Horses	24
Mules	2
Sheep	54
Shoats	54
Sows, brood	22

STEWARD'S SALES

October	\$8 50
November	21 82
December	41 80
January	46 58
February	28 20
March	23 85
April	30 97
May	136 20
June	214 00
July	32 35
August	23 88
September	5 55

\$613 00

Estimated value of farm and garden products	\$37,409 70
Estimated value of articles manufactured in work shop, including cost of material	8,280 67
Estimated value of articles manufactured in tailor shop, including cost of material	3,027 64
Estimated value of articles manufactured in sewing room, including cost of material	9,130 19

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STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1906.....	900	822	1,722
Admitted during year ending September 30, 1906:			
On original commitments:			
From residences.....	182	132	314
By transfers from county houses.....	3	2	5
By transfers from other institutions for insane.....	62	57	119
Total number under treatment during year..	1,147	1,013	2,160
Daily average population.....	949.07	851.84	1800.9
Capacity of institution.....	957	836	1,793
Discharged during year:			
As recovered.....	56	36	92
As improved.....	28	36	64
As unimproved.....	17	8	25
As not insane.....	4	2	6
Died.....	79	77	156
Whole number discharged during year.....	184	159	343
Remaining October 1, 1906.....	963	854	1,817

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	Dec. 9, 1890
Total acreage of grounds and buildings.....	990
Value of real estate, including buildings.....	\$2,532,405 72
Value of personal property.....	143,000 00
Acreage under cultivation	451

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$115 27
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	334,750 00
From private patients	4,328 02
From reimbursing patients	11,297 26
From all other sources	615 79

Total receipts for maintenance	\$351,106 34
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$39,480 85
--	-------------

Total receipts from manufacturing fund (including balance of \$105.28).....	\$15,136 85
---	-------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$18,330 26
Estimate No. 2. For wages.	122,801 25
Estimate No. 3. For provisions and stores...	88,937 29
Estimate No. 4. For ordinary repairs	11,233 59
Estimate No. 5. For farm and grounds	9,329 73
Estimate No. 6. For clothing of patients	10,520 83
Estimate No. 7. For furniture and bedding .	9,207 82
Estimate No. 8. For books and stationery ..	1,972 35
Estimate No. 9. For fuel and light	42,415 72
Estimate No. 10. For medical supplies	1,507 04
Estimate No. 11. For miscellaneous expenses .	7,566 17
Estimate No. 12. For transportation.	3,990 88

Total disbursements, estimates 1 to 12 inclusive.	\$327,812 93
--	--------------

Paid State treasurer	\$15,625 28
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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$39,480 85
---	-------------

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Total disbursements during year, manufacturing fund.	\$15,135 10
--	-------------

Balances October 1, 1906:

General maintenance fund	\$7,668 13
Manufacturing fund	1 75

Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.	\$3.490
--	---------

Maximum rate of wages paid attendants:

Men	\$30 00
Women.	22 50

Minimum rate of wages paid attendants:

Men	\$22 00
Women.	16 00

Proportion of day attendants to average daily population.	1 to 14.069
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Proportion of night attendants to average daily population	1 to 66.70
--	------------

Percentage of daily patient population engaged in some kind of useful occupation.599
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Estimated value of farm and garden products during year	\$32,549 74
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Estimated value of articles made or manufactured by patients during year.	20,438 50
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ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	11	12	23	1	6	7	2
Mental strain, worry and overwork (not included in above).....	13	14	27	4	3	7	3
Religious excitement....	4	3	7	1	1	2	2
Love affairs (including seduction).....	1		1	1		1	
Fright and nervous shock....		2	2		2	2	
Physical:							
Intemperance.....	47	3	50	10		10	13
Sexual excess.....	6	1	7	1		1	2
Venereal diseases.....	10	3	13	1		1	2
Masturbation.....	2	1	3	1	1	2	
Sunstroke.....	1		1	1		1	
Accident or injury.....	7		7	1		1	
Pregnancy.....		2	2		2	2	
Parturition and puerperium.....		7	7		2	2	
Change of life.....		14	14		5	5	
Fevers.....		2	2				
Privation and overwork.....	7		7	2		2	
Epilepsy.....	3	7	10	1	2	3	1
Diseases of skull and brain.....	1	3	4				
Old age.....	24	11	35	9	1	10	5
Exophthalmic goitre.....		1	1				
Epidemic influenza.....		1	1		1	1	
Abuse of drugs.....	3	2	5		2	2	
All other bodily disorders and ill health.....	10	10	20	2	4	6	1
Hereditary.....	13	10	23	13	10	23	
Congenital defect.....	8	4	12	2	3	5	3
Unascertained.....	12	19	31	1	3	4	6
Not insane.....	4	2	6		1	1	1
Total.....	187	134	321	52	49	101	44

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TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	48	20	.....
General paralysis.....	22	.....	11
Senile insanity.....	37	.....	38
Epilepsy with insanity.....	11	1	19
Imbecility, idiocy with insanity.....	10	1	2
Other psychoses.....	187	70	85
*Not insane.....	4	6	1

* Includes cases of alcoholism, drug habit, etc.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since December 9, 1890

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	2		2	22	10	32
Mumps.....				1	3	4
Influenza.....				4	15	19
Erysipelas.....		1	1	16	16	32
Septicemia and pyemia.....				6		6
Dysentery.....		8	8	21	33	44
Syphilis.....				6	5	11
Tuberculosis.....	10	24	34	96	134	230
Constitutional diseases:						
Rheumatism (or rheumatic affections).....				1	1	2
Arthritis deformans.....					1	1
Diabetes mellitus and diabetes insipidus.....				3	2	5
Scurvy, purpura and haemophilia.....		1	1	1	4	5
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....				1	7	8
Diseases of the stomach.....				4		4
Diseases of the intestines.....	6	8	14	39	44	83
Diseases of the liver.....				100	3	13
Diseases of the pancreas.....				1		1
Diseases of the peritoneum.....				5	5	10
Diseases of the respiratory system:						
Diseases of the lungs....	7	2	9	125	78	203
Diseases of the circulatory system:						
Diseases of the pericardium.....				2		2
Diseases of the heart....	12	8	20	100	59	159
Arterio-sclerosis.....	3	2	5	11	2	13
Aneurism.....				2		2

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YE R ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands						
Anemia, pernicious anemia and leukemia....				1	2	3
Hodgkin's disease, Addison's disease and myxoedema.....					1	1
Exophthalmic goitre....					1	1
Diseases of the genito-urinary system.....	13	6	19	105	104	209
Diseases of the nervous system:						
Diseases of the spinal cord.....					1	1
Diseases of the meninges.	1	2	3	6	6	12
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	4	5	9	92	65	157
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia)....				1	3	4
Epilepsy.....	5	7	12	35	36	71
Mental diseases:						
Exhaustion of acute mental disease.....	3	1	4	28	37	64
Exhaustion of chronic mental diseases.....						
General paralysis of the insane.....	10	2	12	173	32	205
The intoxications; heat-stroke; obesity:						
Alcoholism.....				1		1
Debility of old age.....	2		2	45	51	96
Accident.....	1		1	3	5	8
Suicide.....				12	2	14
Surgical and gynecological diseases and diseases of the skin.....					2	2
Malignant new growths or cancer.....				11	25	36
Total.....	79	77	156	990	794	1,784

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890.		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	14	12	26	371	277	648
Maternal branch.....	13	20	33	378	376	754
Paternal and maternal branches.....	7	2	9	75	62	137
Collateral branches....	28	20	48	327	291	618
No hereditary tendency	125	93	218	1,284	1,036	2,320
Unascertained.....	50	44	104	988	763	1,751
Total.....	247	191	438	3,423	2,805	6,228

TABLE No. 9

Showing civil condition of patients admitted during the current year and since December 9, 1890

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Single.....	95	67	162	1,592	1,010	2,602
Married.....	127	88	215	1,457	1,321	2,778
Widowed.....	8	21	29	275	413	688
Divorced.....	4	3	7	35	28	63
Unascertained.....	13	12	25	64	33	97
Total.....	247	191	438	3,423	2,805	6,228

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since December 9, 1890

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Collegiate.....	7	1	8	81	18	99
Academic.....	11	16	27	182	234	416
Common school.....	153	111	264	2,003	1,651	3,654
Read and write.....	17	16	33	154	117	271
Read only.....	8	13	21	134	135	269
No education.....	28	12	40	283	265	548
Unascertained.....	23	22	45	586	385	971
Total.....	247	191	438	3,423	2,805	6,228

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TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1906					SINCE DECEMBER 9, 1890						
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	6	8	14	6	5	11	88	81	169	117	63	180
One to three months.....	14	12	26	8	2	10	114	81	195	95	62	157
Three to six months.....	6	7	13	8	4	12	81	48	129	118	80	198
Six to nine months.....	3	3	6	4	3	7	66	35	101	68	56	124
Nine months to one year.....	11	7	18	2	6	8	55	44	99	54	39	93
One year to eighteen months.....	3	3	6	13	9	22	72	47	119	114	72	186
Eighteen months to two years.....	8	6	14	.....	.....	.....	49	33	82	48	34	82
Two to three years.....	7	3	10	5	6	11	95	45	140	88	79	167
Three to four years.....	6	4	10	2	3	5	54	48	102	63	62	125
Four to six years.....	2	5	7	5	9	14	58	65	123	78	82	160
Six to ten years.....	2	6	8	12	11	23	57	69	126	105	115	220
Ten to twenty years.....	6	7	13	14	19	33	77	80	157	41	50	91
Twenty years and over.....	2	1	3	.....	.....	.....	50	64	114	1	.....	.....
Not insane*.....	.....	.....	.....	.....	.....	.....	1	1	2	.....	.....	.....
Unascertained.....	3	5	8	.....	.....	.....	73	53	126	.....	.....	.....
Total.....	79	77	156	79	77	156	990	794	1,784	990	794	1,784
Average duration of insane life (years and tenths) ...				7.6	9.2	8.4	7.9	8.6	9.3

* Includes cases of alcoholism, drug habit, etc.

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TABLE No. 12

Showing ages of those admitted during the current year and since
December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...						
From 10 to 15 years...	1		1	15	12	27
From 15 to 20 years...	8	8	16	120	88	208
From 20 to 25 years...	12	11	23	275	200	475
From 25 to 30 years...	26	11	37	332	275	607
From 30 to 35 years...	33	25	58	251	212	463
From 35 to 40 years...	25	15	40	591	470	1,061
From 40 to 50 years...	63	46	109	729	630	1,359
From 50 to 60 years...	46	39	85	516	448	964
From 60 to 70 years...	16	24	40	347	295	642
From 70 to 80 years...	16	10	26	192	125	317
From 80 to 90 years...	1	2	3	53	29	82
Unascertained.....				2	21	23
Total.....	247	191	438	3,423	2,805	6,228

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	4	5	9	42	36	78
From 20 to 30 years...	11	8	19	204	114	348
From 30 to 40 years...	15	7	22	192	162	354
From 40 to 50 years...	12	7	19	171	108	279
From 50 to 60 years...	11	8	19	111	74	185
From 60 to 70 years...	1	1	2	45	25	70
From 70 to 80 years...	2	2	7	9	16
Total.....	56	36	92	772	558	1,330

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TABLE No. 14

Showing ages of patients who died during the current year and since
December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					1	1
From 15 to 20 years.....				8	4	12
From 20 to 25 years.....		3	3	18	18	36
From 25 to 30 years....	5	6	11	30	42	72
From 30 to 35 years....	6	4	10	67	49	116
From 35 to 40 years....	3	4	7	81	63	114
From 40 to 50 years....	15	14	29	209	164	373
From 50 to 60 years....	18	19	37	206	161	367
From 60 to 70 years....	24	22	46	225	180	405
From 70 to 80 years....	5	2	7	165	104	269
From 80 to 90 years....	3	3	6	62	60	122
Over 90 years.....					2	2
Total.....	79	77	156	1,071	848	1,919

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	33	32	65
One to three months.....	44	37	81
Three to six months.....	24	15	39
Six to nine months.....	7	4	11
Nine months to one year.....	19	6	25
One year to eighteen months.....	10	5	15
Eighteen months to two years.....	17	11	28
Two to three years.....	14	14	28
Three to four years.....	7	4	11
Four to five years.....	7	1	8
Five to ten years.....	21	11	32
Ten to fifteen years.....	6	11	17
Fifteen to twenty years.....	6	8	14
Twenty to thirty years.....	1	10	11
Thirty years and upwards.....	2	9	11
Not insane*.....	4	2	6
Unascertained.....	25	11	36
Total.....	247	191	438

* Includes cases of alcoholism, morphia habit, etc.

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TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	1	2	3
One to three months.....	3	18	21
Three to six months.....	4	10	14
Six to nine months.....	14	62	76
Nine months to one year.....	23	22	45
One year to eighteen months.....	38	41	79
Eighteen months to two years.....	41	52	93
Two to three years.....	40	20	60
Three to four years.....	45	38	83
Four to five years.....	43	72	85
Five to ten years.....	62	28	90
Ten to fifteen years.....	317	240	557
Fifteen to twenty years.....	332	279	611
Total.....	963	854	1,817

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since December 9, 1890

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 1, 1890		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	5	.....	5	97	6	103
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	27	.....	27	332	20	352
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	53	.....	53	823	8	831
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, enginefitters, sawyers, painters, police, etc. . . .	17	.....	17	526		526
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc. . . .	28	.....	28	296	16	312
Domestic service:						
Waiters, cooks, servants, etc.		23	23	40	769	809
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.		131	131	40	1,508	1,548
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.		6	6	32	20	52

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Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		10	10	26	154	180
Miners, seamen, etc.....	3		3	20		20
Prostitutes.....		1	1		10	10
Laborers.....	94		94	935		935
No occupation.....	11	16	27	173	213	386
Unascertained.....	9	4	13	83	81	164
Total.....	247	191	438	3,423	2,805	6,228

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since December 9, 1890

[NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
United States.....	165	123	288	2,234	1,709	3,943
Canada.....	16	11	27	227	244	471
Ireland.....	22	28	50	293	362	655
England.....	6	3	9	73	58	131
Germany.....	10	10	20	157	134	291
Scotland.....				14	14	28
Wales.....				8	3	11
Belgium.....				2	2	4
Austria.....	2	2	4	12	9	21
Poland.....	4		4	13	7	30
Russia.....	3		3	27	7	34
Prussia.....				2		2
Hungary.....	1		1	1	2	3
Holland.....				1		1
Italy.....	4	3	7	21	10	31
Switzerland.....				10	4	14
France.....				10	3	13
Sweden.....	2		2	9	2	11
China.....				3		3
Bavaria.....				2		2
Cuba.....				3		3
Norway.....		1	1	2	1	3
Spain.....				1		1
West Indies.....				2	1	3
Greece.....				1		1
Unascertained.....	12	10	22	136	107	243
Born on ship.....				1		1

Of the total number admitted since the 9th of December, 1890, the parents of 40.30 per cent were both of foreign birth.

In 6.23 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 4.21 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

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TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES.	Public.	Private.	Total.
Albany.....	14	.....	14
Allegany.....	1	.....	1
Broome.....	.....	.....	.....
Cattaraugus.....	.....	.....	.....
Cayuga.....	.....	.....	.....
Chautauqua.....	.....	.....	.....
Chemung.....	.....	.....	.....
Chenango.....	.....	.....	.....
Clinton.....	38	.....	38
Columbia.....	2	.....	2
Cortland.....	.....	.....	.....
Delaware.....	.....	.....	.....
Dutchess.....	12	.....	12
Erie.....	.....	.....	.....
Essex.....	12	.....	12
Franklin.....	27	.....	27
Fulton.....	2	.....	2
Genesee.....	.....	.....	.....
Greene.....	4	.....	4
Hamilton.....	.....	.....	.....
Herkimer.....	4	.....	4
Jefferson.....	42	1	43
Kings.....	.....	.....	.....
Lewis.....	21	.....	21
Livingston.....	.....	.....	.....
Madison.....	1	.....	1
Monroe.....	1	.....	1
Montgomery.....	2	.....	2
Nassau.....	.....	.....	.....
New York.....	28	.....	28
Niagara.....	.....	.....	.....
Oneida.....	6	.....	6
Onondaga.....	80	1	81
Ontario.....	2	.....	2 •
Orange.....	.....	.....	.....
Orleans.....
Oswego.....	35	35
Otsego.....
Putnam.....	2	2
Queens.....
Rensselaer.....	10	10
Richmond.....	1	1

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Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
Rockland.....			
St. Lawrence.....	63		63
Saratoga.....			
Schenectady.....	1		1
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....	3		3
Warren.....			
Washington.....	5		5
Wayne.....			
Westchester.....	17		17
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	436	2	438

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT
REPORT OF CASES

The following is an account of the admissions during the fiscal year, from October 1, 1903, to September 30, 1904, comprising 290 cases. In the 18th annual report a provisional diagnostic table of these cases was published.

An endeavor has been made to classify these cases under headings, which seem to be the most appropriate at present, and in so doing an effort has been made not to do violence to the available facts in the records. The above work represents our first year's endeavor to follow out the newer methods of clinical observation, which were promulgated by Dr. Adolf Meyer, director of the State Pathological Institute.

The recorded facts of history and clinical data have been arranged in rather brief form but in chronological order. It is thought that the publication of these cases might be of some material interest to others as well as helpful to ourselves. The importance of a good history, the need for more careful clinical observation and the necessity of following up a case to its outcome have especially impressed themselves upon us. These points seem to be of decided importance in respect to some of the psychoses, especially dementia praecox, manic-depressive and the neuropathic states.

Our cases are drawn from eight counties comprising approximately a population of 572,400, 197,800 of which are in cities. (State census of 1905.) This makes a ratio of one committed insane person to 2,000 of our hospital district which is somewhat lower than in the State at large, where the ratio was about 1 to 1,447 based upon the census of 1900.

It is observed that among the cases of general paralysis of both types 70 per cent were admitted from the city districts, and in respect to cases of involutional melancholia nearly 80 per cent were admitted from the rural districts. Furthermore, there are a few cases of involutional melancholia that seem to present some features of a manic-depressive psychosis, especially those having had previous psychoses, which from the history apparently were manic-depressive in type.

There is a large number placed in the unclassified group by reason of poor history, shortness of residence, inaccessibility, for various reasons, or inability on our part to see enough definite clinical symptoms to warrant giving a diagnostic name. Further observation of such cases is always profitable.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

DIAGNOSTIC TABLE

	Men	Women	Total
Traumatic psychoses	2	0	2
Psychoses with more or less definite brain disease:			
(a) Focal cerebral lesion.....	1	4	5
(b) Accompanying Huntington's chorea.	1	0	1
Senile psychoses	25	14	39
General paralysis:			
(a) Cerebral type*	17	1	18
(b) Cerebro-spinal type	6	5	11
Alcoholic psychoses	26	1	27
Drug psychoses	6	2	8
Infective exhaustive psychoses	1	3	4
Allied to infective exhaustive psy- choses.	2	4	6
Depression not sufficiently distin- guished.	0	1	1
Melancholia psychoses	10	21	31
Paranoic conditions	4	5	9
Dementia præcox psychoses	19	19	38
Allied to dementia præcox psy- choses.	3	4	7
Manic-depressive psychoses	14	17	31
Allied to manic-depressive psychoses.	6	4	10
Constitutional inferiorities and neurasthenic states.	0	7	7
Epileptic psychoses	6	6	12
Imbecility with excitement.....	1	4	5
Unclassified psychoses	7	8	15
Not insane	2	0	2
	<hr/>	<hr/>	<hr/>
	159	130	289
	<hr/>	<hr/>	<hr/>

*Readmission counted once.

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STATISTICAL TABLE

	Per cent
General recovery rate.	26.20
Manic-depressive psychoses	83.87
Allied conditions	50
Infective exhaustive psychoses	75
Allied conditions	50
Drug psychoses	62
Alcoholic psychoses	44.45
Melancholia psychoses	28.82
General improvement rate	7
History of one or more previous attacks.	23.50
Readmissions (previously or subsequently).	17.50
Ascertained hereditary influences	36.61
Direct.	18.50
Collateral.	39
Psyasthenic states	85
Manic-depressive psychoses (includes allied states).	57
Dementia præcox psychoses (includes allied states)	53
Epileptic psychoses	41
Alcoholic psychoses	33
Paranoic conditions	33
Melancholia psychoses	32
Drug psychoses	25
General paralysis	17
Senile psychoses	10

	Months
Average duration of residence of the —	
Recovered	7½
Improved.	10
Melancholia psychoses, recoveries	8
Manic-depressive psychoses, recoveries (includes allied state; manic types slightly less).	7
Infective exhaustive psychoses, recoveries.	10
Drug psychoses, recoveries	5
Alcoholic psychoses, recoveries	3

While the above data may not be of much importance it is hoped that subsequent annual reports of similar nature may collectively give us something of value.

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TRAUMATIC PSYCHOSES

Case 1.—Male; English; 34 years in U. S.; Salvationist; syphilis at 20; alcoholic many years; epileptiform seizures since 36, usually after overwork, worry or emotional upsets and resort to liquor; would then have pain about heart; dizziness; difficulty of breathing; swaying; loss of consciousness or falling heavily in severe seizures; often thereafter irritable; bewildered; occasionally violent; would find himself in strange places, having done things without recollection. In state prison for theft (after prolonged preaching resorted to large quantities of liquor, was accused next morning of stealing money). Three years before admission (age 47), while alcoholic, struck on head by a street car; coma; left pupil widely dilated; scalp wound over right occipital protuberance; nerve deafness; anaesthesia below both knees(?); abed three weeks; on leaving hospital, feeling of exhaustion, peculiar pulsation, nervous waves through body; greatly annoyed by unpleasant buzzing sounds in ears; made worse by loss of sleep; continued to lecture, however. Neurasthenic trend with marked feelings of exhaustion after religious lectures; resorted to liquor, which affected him much worse since injury. "The usual quantity has affected me disastrously; made me silly, irritable, full of imaginary schemes." After drinking, took a large roll of print cloth from store in broad daylight; sent to state prison 15 months; no recollection of event; no seizure recorded at that time. Since, frequently irascible; explosive; suffered brain tire; rather more severe seizures. Admitted February, 1904; age 50; haemoglobin 65 per cent; linear scar one inch long at juncture of parietal and occipital bones one half inch to right of median line; deep scar on glans penis; complained of dizziness, exhaustion, creeping sensations; tenderness of nerve trunks left side of face; bilateral nerve deafness; slight defect of taste; muscular fatigue; patellar reflexes present, but variable; tremulousness; insomnia; heart action irregular; roughening of second sound; pulse irregular; occasionally intermittent; variable tension; slight sclerosis; slightly auto-toxic. Mentally, anxious to tell all; slightly depressed; complained of fatigue after prolonged interview; considerable complaints of sounds in head, similar "to a big tea kettle;" slightly irritable. On one occasion when patient went by him sprang up, very angry, face very pale; gave account of quarrel and assault at home; slight paranoid ideas against son-in-law; continued frequently irritable;

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misinterpreted events; constant complaint of whistling noises in head; somewhat elated; egotistical; critical; discharged improved July, 1904.

In this case traumatism was only a contributing factor. Post-traumatic features quite well defined.

Case 2.—Male; 40; American; married; no education; laborer; paternal cousin insane. May, 1904, fell 17 feet on pile of timber; severe laceration of left face; dazed; walked home in much pain; worked for two days; then peculiar conduct, irritable, delusional regarding employer; active hallucinations; fear of arrest; rowed a boat 50 miles in response to voices; made assaults; sleepless. Admitted July 24, 1904; composed; poorly oriented; some insight; poor grasp; very poor account of events since injury; memory for time previous clear; soon actively hallucinated; violent; attacks of syncope; no important physical symptoms; developed marked paranoid trend. Still here.

PSYCHOSES WITH MORE OR LESS DEFINITE BRAIN DISEASE

(a) FOCAL CEREBRAL LESION

Case 1.—Male; married; book-keeper; academic education; moderately alcoholic since youth; at 30 (1890) "stroke" followed by transient hemiplegia of left side of body; since more or less restless, "neurasthenic;" developed choreic movements of left hand and foot (date unknown); variable paraesthetic symptoms; gradual mental symptoms more definite few months before admission; then suicidal impulses; begged other to watch him; agitated spells; rushed out in street; would be gone several days; on return could not account for whereabouts; morose; neglectful of personal care; insomnia; complaints of severe headache on right side. Admitted September, 1898; age 38; mildly depressed; discussed case readily; marked brachycephaly; left arm and leg slightly anaesthetic, with marked choreiform movements; no statement as to pupils or motor functions; heart normal; soon became cheerful; paroled frequently; June, 1899, trephined; cyst and dural adhesions over arm and leg center; subsequently lessened chorea of arm and hand, but not of foot. August, 1899, discharged recovered. Remained well until January, 1903; then peculiar sensations during storms with increased timidity; head-

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aches; nerves would "knot up;" "iron band about head;" depressed; irritable; forgetful; becoming lost; insomnia; occasional drinking probable. Admitted July, 1904; 44; oriented and agreeable; various paraesthetic complaints; seemed worse during damp weather and electric storms. "During storm I feel as though I would smother. I feel storm coming on for two or three days. Sore all over my body." Weak and "worn out;" also statement that he would resort to liquor in hopes of relief. Choreic movements of left hand, forearm and foot; pupils O. K.; pain sense dull over ulnar region of left arm and outer part of both legs(?); weakened muscular power of left arm and leg; active patellar reflexes; some arterio-sclerosis; continued "nervous;" then choreiform movements more marked; hypochondriacal trend; discharged recovered May, 1905; within two months became irritable; threatened suicide; unable to apply himself; vague fears. At times, bewildered, soiling room; usual complaints during storm. August, 1905, sudden stroke for a few hours; disuse of left arm and leg (felt dead); unable to hold things in his hand; after two weeks able to walk; could not judge distance; speech somewhat thick and hesitating; could not control voice. Admitted February, 1906; deafness left ear; marked exaggerated patellar reflexes; diminution of palpation sense of left hand and arm; unable to judge weights and tell position of fingers and wrist; ataxia left arm; hypertonia of muscles; slow to distinguish and locate light touches on left arm and leg; mentally, a little dull; memory somewhat uncertain; considerable lessened choreiform movements; spasticity of left arm and leg; walking affected; toe of left shoe worn. Still here.

Case 2.—Female; American; housewife; brother and sister peculiar; syphilis at marriage suspected; at the age of 20, a few days before confinement, gradual paralysis of left arm and leg; bed-ridden; soon mild delirious trend; hallucinations of sight and hearing; marked confusion; failure to recognize relatives; residual memory failure; occasionally voices and silly reaction. Admitted after five years (Jan. 17, 1902) age 26; spastic paralysis left arm and leg; external strabismus right eye; sensation normal; quiet; indifferent; silly phase; discharged improved May, 1902. Readmitted October 28, 1903, because of episodes of screaming fear, hallucinations of hearing and marked helplessness; defective taste and smell; contractures left arm and leg with partial anaesthesia; eye symptoms unchanged; hypertrophied heart; arterio-sclerosis;

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marked nephritis; inactive; forgetful; poor account of hallucinations; discharged improved July, 1904.

Case 3.— Female; 53; common school education; married; one child; at age of 37, three weeks after confinement, stroke of paralysis affecting right side, also speech; improved; able to walk after four years; continued to use wrong words; could not understand readily; difficulty in vision; recently failure in health; threatened suicide; lack of judgment. Admitted April, 1904; poor memory; partially oriented; often confused; talked gibberish; some perseveration; hard to examine; would not co-operate in further examination; pupils sluggish; weakness of right arm and leg; spastic reflexes; right Babinski sign; ankle clonus; hyaline casts; subsequent crying episodes; childish; understands with difficulty; monotonous reiterations; whining requests; indifference to relatives; still here.

Case 4.— Female; high school education; married; at 52 hemiplegia; mental enfeeblement since; convulsions; last few years quite depressed; restless; wandering about aimlessly; imagining place on fire; everything wrong; screaming for help; fear of being carried away; seeing frightful objects; generally worse before seizures. Admitted September, 1904; age 65; worrisome; senseless reiterations; occasional convulsions; teasing about little matters; hemiplegia of cerebral type with increased reflexes; no arterio-sclerosis; for a time in charge of friends; returned restless, depressed, memory fault; occasional convulsions; still here.

Case 5.— Female; 56; single; domestic; common school education; naturally religious; maternal cousin insane; good habits; natural disposition lively and affectionate; onset five months; thought to have had a stroke; became excited, violent and destructive; "filled with the glory of God." Unfinished sentences. Admitted November, 1903; disoriented; noisy; inattentive; silly; occasionally makes accurate observations; usually incoherent and apparently failed to grasp questions; speech thick, though, at times, enunciation was clear and rapid; pupils quite widely dilated and irregular; sluggish reactions; external strabismus of both eyes; tendon reflexes increased; left ankle clonus; left Babinski; tenderness of nerve trunks both legs; unable to test motor power of extremities; old signs of rickets; edema of ankles; scaly eruption of skin; stigmata of degeneration; continued markedly autotoxic; playful, clapping hands; slight elevation of temperature; elated;

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slightly distracted; abscess of parotid gland; bed sores; death lobular pneumonia, March, 1905.

Autopsy showed internal pachymeningitis; convolutions very irregular and fissures shallow; flattening and atrophy of both anterior ascending frontal regions; beginning cortical degeneration in the right Sylvian fissure about temporal lobe; granular fourth ventricle; pituitary twice normal size; posterior fossae extremely thin and on left side denuded and rough.

(b). PSYCHOSES ACCOMPANYING HUNTINGTON'S CHOREA

Case 1.—Male; 45; married; American; farmer; good habits; grandmother, mother and one brother had chorea; developing in early life. Patient has had Huntingdon's chorea since 1887 (age 29); cause, fall from a wagon. In 1901, irritable; worried because of inability to work; suspicious of wife's fidelity; violent tendencies; soon became depressed and emotional.

Admitted October, 1903; depressed; characteristic choreiform state; herpes zoster left supraorbital region; usual slight deterioration; died of lobular pneumonia January, 1906.

SENILE PSYCHOSES

Case 1.—Male; age 77; engineer; good habits; mother epileptic; patient epileptic since 66; cause arterio-sclerosis; memory failure previously; frequent confusion; not recognizing relatives. Admitted December, 1903; late epilepsy an incident in the deterioration; still here.

Case 2.—Male; age 73; carpenter; good habits. This case was one of profound deterioration with marked physical dilapidation; dilated heart; stuporous episodes. Died March, 1904.

Case 3.—Male; age 78; laborer; garrulous type. Admitted December, 1903; still here.

Case 4.—Male; aged 70; admitted January, 1904; depressed; hypochondriacal trend with poor recollection; auditory hallucinosis; had been long in county house. There, he possibly presented some melancholia traits, but on entry here the main features were senile; still here.

Case 5.—Male; 72; several years standing; admitted January 6, 1904; confusional type; died of nephritis March, 1904.

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Case 6.—Male; 86; onset one year; considerable confusion; admitted January 27, 1904; active hallucinations of hearing causing fear; aimless business plans; marked memory faults; still here.

Case 7.—Male; 75; readmission; several years duration; active, egotistical type; death July, 1904.

Case 8.—Male; 66; Irish parentage; widowed; two brothers and one sister insane; peddler; onset five months; had inflammation of the bladder; suffered much pain; finally excitable regarding religious matters; periods of singing; many queer acts, sitting up all night over hot fire; loud talking. Admitted March 19, 1904; arterio-sclerosis; mitral regurgitation; cystitis; enlarged prostate; oriented; said he had been ill used by family, and angels appeared to him recently; hallucinatory disturbances of dreamy character; slight memory faults; noisy; severe pelvic pain; very petulant; after prostatotomy irascible, erratic, slightly religious, discharged recovered (?) October, 1905. Letter October, 1906, states has continued troublesome; very irritable.

Case 9.—Male; 71; German; laborer; onset 2½ years; marked confusion; memory fault; irritable; restless; delusional state on the ground of poor grasp; marked arterio-sclerosis; still here.

Case 10.—Male; 75; Canadian; 59 years in U. S.; farmer; slightly alcoholic; onset six months; accused sons of immoral relations with his wife; threatening wife; confused acts; memory faults. Admitted March, 1904; arterio-sclerosis; dizziness; pulmonary emphysema; poorly oriented; ill feeling towards wife and family; inattentive; confused; cried easily; soon paroled; discharged improved August, 1904.

Case 11.—Male; 67; single; book-keeper; good habits; confused, restless, talkative type with 7th, nerve paralysis of nine years duration. Still here.

Case 12.—Male; 57 (looks older); rather illiterate; painter; somewhat alcoholic; active, confused type; marked arterio-sclerosis; still here.

Case 13.—Male; 68; carpenter; two previous attacks; failure of memory for a year; recent liver and stomach trouble; soon became

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depressed; worry over health; suicidal attempts; on admission April, 1904; jaundice; enlarged liver; distended gall-bladder; hyaline casts; feeling of lump in stomach; arterio-sclerosis; poorly oriented; general memory faults; cried easily; recurrent abdominal pain with considerable clouding of consciousness; sudden dizziness; coma; irregular breathing; paralysis of left arm and leg; death of cerebral hemorrhage August, 1904.

In this case there was quite a strong phase of symptomatic depression.

Case 14.—Male; 60; Irish parentage; good habits; onset several years; incapacitated; failing health; became irritable; confused; vague delusions of persecution on the ground of auditory hallucinations; poor grasp; discharged improved August, 1904.

Case 15.—Male; 75; married; farmer; onset six months; ill health for four or five years; became restless, wandering about at night; depressed; thought roof was falling; wife was being given chloroform; was to be half clothed; resistive. Admitted May 2, 1904; hyaline casts; marked arterio-sclerosis; orientation poor on the ground of faulty memory; confused as to acts; resistive; some apprehension; bothered with abdominal distress; food poisoned; died May 12, 1904, of phthisis. This case presented some anxiety features.

Case 16.—Male; Irish parentage; 75; single; marked restlessness; resistiveness; incoherence; slight hallucinations of hearing; nephritis; pulmonary emphysema. Admitted May 22, 1904; died September, 1904, of lobar pneumonia.

Case 17.—Male; 84; birthplace Ireland; 50 years in U. S.; restless; noisy; pulmonary emphysema and marked arterio-sclerosis; death August 1904 of cerebral hæmorrhage.

Case 18.—Male; 72; onset one month; active, confused, noisy, destructive type with marked disorientation, episodes of stupor, occasional convulsive seizures; residual religious trend; memory faults; died of cerebral hemorrhage September, 1904.

Case 19.—Male; 67; onset six months; became depressed, then confused and excited; petulant; busy plans; filthy. Admitted August 6, 1904; disoriented on the ground of poor memory and grasp; restless; whining; clamorous; nihilistic; "no hands;" "no eyes;" nephritis; death April, 1906.

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Case 20.—Male; 60; laborer; temperate; onset two years; attacks of dizziness; occasional fainting; poor memory; difficulty of finding proper words; would become lost and confused; speech thick. Admitted August 10, 1904; increased tendon reflexes; unsteady gait; tremor of body, hands and tongue; marked arterio-sclerosis; vertigo; pupils O. K.; orientation defective; poor grasp; defective memory; considerable insight; hesitating speech with elision and slurring. "I can think of what I want to say if I had sufficient time;" no exaltation; rather mild depression; occasional convulsions; recent paralysis of right external and superior recti muscles; case is a good type of arterio-sclerotic symptom complex in distinction from general paralysis.

Case 21.—Male; 75; farmer; good habits; onset four years following stroke of apoplexy; incoherent, confused, restless, busy plans. Admitted August 16, 1904; marked arterio-sclerosis; poor grasp; utterances incoherent; inattentive; resistive; sudden stuporous stage; difficulty of swallowing; arms rigidly semiflexed; deep coma; death September, 1904.

Case 22.—Male; 60; American; laborer; married; temperate; onset two months; dizzy spells; became lost; depressed, threatening; hearing voices; marked memory defects; is still here; greatly confused; paraphasic-gibberish talk.

Case 23.—Male; 62 single; alcoholic several years; onset eight months; initial suspicion; voices; persecutory ideas; boastful trend; poor memory; restless; talkative; confused; defective apprehension. Admitted September 27, 1904; pulmonary emphysema; marked arterio-sclerosis; senseless answers to questions; defective orientation; ill-defined hallucinations of hearing; dilapidation; still here.

Case 24.—Male; 63; American; married; common school education; laborer; mildly alcoholic; received injury to head in earlier years; (no facts); six previous mental attacks alleged; onset one year; irritable; excitable; rambling talk; driving people from home with an axe. Admitted May 27, 1904; orientation poor; grasp defective; marked memory fault; calm, peaceful type; senseless repetitions; elation; was removed by relatives and got along well at home; discharged improved August, 1904.

Case 25.—Male; 70; Irish; 60 years in U. S.; several years failure in health; asthmatic attacks; onset two years' loss of

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memory; wandering; confused; talked to self; few months before admission vague, unpleasant voices; irritable reactions; suspicious of wife—her looks changed; assault upon family. Admitted April, 1904; pulmonary emphysema; slight arterio-sclerosis; feeble heart; granular casts; increased urine; oriented; depressed; general memory faults; vague account of past hallucinosis; ringing in head; easily crying; some insight; placid; forgetful type; discharged improved August, 1904.

Case 26.—Female; 75; Irish; 55 years in U. S.; at age of 70 had cerebral haemorrhage; right hemiplegia with forgetfulness, restlessness, incoherence, hallucinations and mistaken identity. Admitted October, 1903; very dull; resistive; uraemic; died of nephritis March, 1904.

Case 27.—Female; 60; single; admitted December 7, 1903; confused; garrulous; irritable type with marked arterio-sclerosis; hallucinations of hearing; improved in health; discharged unimproved October, 1905.

Case 28.—Female; 57 (looks much older); widowed; paternal uncle insane; two previous attacks; onset three months; depression; every one dead; feared harm; saw bright colors; men walking around her room; crying; anxious. Admitted December, 1903; senile physical changes; nephritis; disoriented; confused; apprehensive; hallucinated; filthy; became very quiet; dull; rapid physical failure; died of chronic nephritis March, 1904. Quite a history of depression.

Case 29.—Female; Irish; 40 years in U. S.; at age of 30, after childbirth, depression for a month; indifference to surroundings, standing for hours as if troubled; at 57 depression for few weeks; then seemed as well as usual; present onset three years; restless; wandering about; forgetful; depressed; destructive; becomes lost. Admitted March, 1904; 60; very ignorant make-up; anxious; somewhat apprehensive; fairly oriented; garrulous and fault-finding; hypochondriacal trend; persecutory ideas; unreasonable attitude; restless; obstinate; suspicious; collects rubbish; improved; removed by husband; discharged improved August, 1904.

Case 30.—Female; 78; onset four years; forgetful; fussy; wandering; thought relatives trying to get property; Congress holding session upstairs. Admitted May, 1904; hypertrophied heart; systolic aortic murmur; edema of legs; senile skin changes;

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confused; poor grasp; and apprehension; restless and resistive; senseless talk; died of lobar pneumonia September, 1904.

Case 31.—Female; 65; Canadian; 30 years in U. S.; married; five children; onset one month; confused; did not recognize relatives; cut off her hair. Admitted May, 1904; senile skin changes; aortic stenosis; pulmonary empysema; confused; restless; emotional type; slight apprehension; shallow persecutory trend; died of lobar pneumonia January, 1905.

Case 32.—Female; 62; single; no education; Irish parentage; onset two years; depressed; fear of harm; aimless wandering; dragged goods out on street; hostile attitude. Admitted May, 1904; faulty memory; disconnected talk; whining requests; mistaken identity; becomes lost on ward. Still here.

Case 33.—Female; 64; German; 17 years in U. S.; married; two children; onset three months; hearing voices; slept little; fear of being stolen and killed; noisy talk about men around her; sexual trend—"devil seeking intercourse with her;" seclusive; shunned relatives. Admitted July, 1904; irregular heart; systolic murmur at apex; edema of legs, oriented; incoherent account of hearing devils and men; great amount of irrelevant talk in very poor English; dyspnoea; quiet; volunteering little; refers rather indifferently to hallucinations of hearing; improvement physically; working; very suspicious; forgetful; dull; apprehensive; reticence; still here.

Case 34.—Female; German; 20 years in U. S.; onset one year; cause news of death of son; thought to have had a "stroke"; soon became noisy; threatened daughter; senseless attempt at suicide with pin; uncleanly; destructive; loud hollering; understanding little; admitted July, 1904; confused; throwing bedding about; inattentive; incoherent; loud mitral regurgitation; failure of compensation; death July, 1905.

Case 35.—Female; 68; sister and niece insane; onset one year; persecutory ideas; senseless household attentions; hiding, because of voices accusing her; suspicious of food. Admitted July, 1904; marked arterio-sclerosis with anaemia; poor orientation; grasp on questions and surroundings quite deficient; calm, placid type with marked memory defects; vague and senseless account of hallucinations of hearing; still here.

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Case 36.—Female; 70; Ireland; 50 years in U. S.; no education; married; five children; onset several years; marked memory fault; wandering about; troublesome; threatening; querulous; feeble delusional trend; failed to recognize family; assaults. Admitted September, 1904; arcus senilis; cataracts; marked arterio-sclerosis; hyaline casts; partially oriented; general memory fault; peevish; restless; irritable; cannot understand requests; senseless requests; resistive; still here.

Case 37.—Female; 76; Canadian; 50 years in U. S.; no education; widowed; onset two months; hostile towards relatives; fear of being killed and money stolen; suspicious of food; wandering; becoming lost; noisy. Admitted September, 1904; marked arterio-sclerosis; systolic murmur; marked articular rheumatism; dis-oriented; bewildered; restless; thinks every one unfriendly; suspicious of medicine; still here.

Case 38.—Female; 64; onset two months; seemed anxious and suspicious about something; sleepless and fussy; becoming lost; "I hear people talking and threatening me." Unable to tell where she was; misnames relatives. Admitted September, 1904; marked debilitation; pulmonary emphysema; marked arterio-sclerosis; feeble delusional trend on the ground of poor judgment; dis-oriented; slight ideas of general persecution; bewildered; restless; hallucinations of hearing; improvement; composure; observant; active; industrious; subsidence of delusional trend; discharged recovered March, 1905.

Case 39.—Female; 76; single; little known regarding previous history; recently untidy; has become lost; could not find her way around the house; ugly; sitting in out houses; destructive; bothersome at night. Admitted June, 1904; slight arterio-sclerosis; emphysema; poor orientation; sat with bowed head; volunteered nothing; handwriting very tremulous; vague persecutory ideas; marked memory failure; subdued anxiety; subsequent convulsive seizures with prolonged stupor; still here.

GENERAL PARALYSIS (CEREBRAL TYPE)

Case 1.—Male; 43; married; American; contractor; alcoholic; cause overwork; onset 1½ years; irritability; outbursts of anger; periods of depression and confusion; desire to build 15 houses in

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the south. Admitted October 8, 1903; full of busy plans; speech hesitating; pupils O. K.; memory poor; confused as to identity; seven months in charge of friends; returned with marked physical signs; confused; feared neighbors; saw horrible objects; thought he was surrounded by large flies; comatose episodes; paresis of left face, arm and leg with diminished pain sense, except about foot and ankle; later noisy and restless; hallucinations of hearing and sight; says left side is another person; thinks someone has broken his throat; periods of yelling loudly; thought food poisoned; contractures of left arm; died in stupor April, 1906; brain care of pathologist. Case admitted twice within year, but counted once.

Case 2.— Male; 56; married; American; express messenger; no specific history; moderately alcoholic; cause railroad injury — fractured jaw (?) January, 1903; shortly after, speech difficulty; head pains. September, 1903, grandiose delusions regarding banks and railroads, the world, etc. Admitted October 24, 1903; disorientation; great activity; great exaltation; marked inco-ordination; defect of speech, hand writing; sluggish pupils; scar on penis; physical failure; became quite dull; occasionally restless; frequently assaulted; filthy tendencies marked; periods of deep sleep; died of general exhaustion December, 1905; no autopsy.

Case 3.— Male; 43; married; colored; American; waiter; habits good; cause syphilis; several previous attacks; onset two years; depressed; heard voices at night; afraid he was to be killed; episodes of excitement; gait affected; indolent; few months before admission convulsive seizures. Admitted December 11, 1903; disoriented; marked memory fault; confusion; senseless elaboration; quiet elation; sluggish; inactive; marked defect of speech; tremor; increased tendon reflexes; pupils sluggish; arterio-sclerosis; bed-ridden; filthy; epileptiform seizures; following a seizure paralysis left arm and leg; death following day, October, 1904. No autopsy.

Case 4.— Male; 44; single; American; clerk; alcoholic; cause syphilis and alcohol; for five years lost strength of right arm; ceased to write; just before admission patient was seriously ill with rheumatism (?); dull, inactive, confused, poor memory; poor business ability, slovenly; rarely spoke; seemed depressed. Admitted December 10, 1903; partially oriented; sluggish; forgetful; sluggish pupils, tremors, ataxia; increased tendon reflexes; slight

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hematuria; later slight elation; subsequently more exalted, irritable, more active; congestive attack. Death February, 1905; no autopsy.

Case 5.—Male; 50; American; blacksmith; married; uncle and mother insane; cause alcoholism; onset six months; neglect of affairs; thieving; morose; irritable; idle. Admitted December 21, 1903; dull, disoriented, marked memory fault; reckless answers; incoherent; not elated. Physically, pupils irregular, pain sense dull, exaggerated reflexes, slurring of speech, fine tremor, autotoxic; soon became markedly demented, soiling; purposeless activity; difficulty of swallowing; death May, 1904; no autopsy.

Case 6.—Male; 28; married; Italian; 12 years in U. S.; laborer; onset one week; ill health; depressed; fear of being killed; jumped out of window; electric machine in stomach; confusion. Admitted January 29, 1904; disoriented; marked memory fault; filthy; noisy; pupils irregular and sluggish; speech scanning; tendon reflexes increased; autotoxic; albumin in urine; arteriosclerosis; still here.

Case 7.—Male; 39; American; married; railroad engineer; good habits; onset one month; first thing noticed drove engine in reckless fashion several miles without orders; marked defect of articulation; confused over simple tasks; angry at trifles; thought great promises awaiting him; sleepless; forgetful; severe headache. Admitted February 1904; fairly oriented; mild elation; defective memory; pupils unequal, contracted and sluggish; exaggerated tendon reflexes; autotoxic; marked ataxia of speech; marked dullness; no specific evidences; still here.

Case 8.—Male; 46; nativity, Ireland; 30 years in U. S.; single; salesman; mildly alcoholic; onset 18 months; emotional; neglectful of work; uncertain gait; dazed periods; incoherent letters; wasted money. Admitted February 8, 1904; poorly oriented; defective memory; subdued feeling of well being; marked ataxia of gait; slurring speech; general tremulousness; sluggish pupils; very active reflexes; feeble elation; still here.

Case 9.—Male; 28; Irish; 15 years in U. S.; laborer; single; alcoholic and syphilitic; onset three months; hallucinations; ill health; restlessness; violent episodes; fear of being shot; destructive; tremulous; searching for imaginary things; spoke of millions

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of dollars; body filled with "stuff." Admitted March 10, 1904; marked memory defect; partially oriented; confused; untidy; senseless elaboration; talked about syphilis and dope; senseless applied work; marked anemia, alopecia areata; pupils fixed; speech ataxic; exaggerated tendon reflexes; later peculiar somatic discomforts; body full of fish; fear of internal fire; slight fear reactions; grinding of teeth; mute; general exhaustion and death August, 1904.

Case 10.— Male; 35; England; married; printer; temperate; father insane and recovered; onset eight months; negligent of work; poor memory; wandering; marked indifference; tremulousness; would become lost. Admitted March 25, 1904; pupils fixed; increased tendon reflexes; pain sense dull; diminished muscular strength; marked inco-ordination of speech; disoriented; senseless elaboration; poor apprehension; aimless restlessness; rapid deterioration; grinding of teeth; suddenly calls: "Come on." Marked emaciation; death July, 1905. Apparently no phase of elation.

Case 11.— Male; 40; widowed; academic education; commercial traveler; freely alcoholic; syphilis since 30; onset one year; unsteadiness; severe headache; neglect of work; poison in food; hears noises; jumped from second story window; elation; senseless exalted schemes; thought dwelling house was big boat; mistaken identity. Admitted April 19, 1904; feeling of well being, dull feeling across head; pain in calves of legs; pupils irregular; defective speech; cystitis; orientation faulty; general associative, memory defect; calculation defective; confused as to acts; no active elation; diminution in visual field; increasing incoordination; still here.

Case 12.— Male; 44; American; married; good habits; onset few months; became neglectful of work; forgetful; sleepless; erratic acts; emotional; untidy. Admitted May 5, 1904; pupils irregular, sluggish reactions; slurring of speech; increased tendon reflexes; defective handwriting and speech; washed-out facial expression; oriented as to place and persons; faulty as to time and general associative memory ability; dull as to grasp; inactive; monosyllabic; reckless calculation; no spontaneous elation; aimless wandering; later grandiose utterances; increased difficulty of enunciation; finally makes no reply to questions; rapidly failed; death December, 1904.

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Case 13.—Male; 43; married; no children; common school education; baker; intemperate for several years; onset two years; syphilis in early life; failure of business; unsteadiness in gait; irritability; ordered useless articles; exalted ideas. Admitted June 16, 1904; marked inco-ordination of gait and speech; pupils promptly react but irregular; scar on penis; mood irascible; thoughts confused; elated; poor grasp; memory defective; defective calculation; epileptiform seizures; for some time before death unable to articulate; exhaustion and death March, 1906.

Case 14.—Male; 26; horseman; two months from the west; no history; onset unknown; few days before admission arrested because of dullness, confusion and senseless talk. Admitted June 18, 1904; autotoxic; pupils contracted and fixed; reflexes increased; very dull; filthy; quiet elation; still here.

Case 15.—Male; 57; Scotch; 50 years in U. S.; widowed; carpenter; poor history; queer for a year back; forgetful; neglected work; wandered about; speech affected; happy expression; suspicious of poison. Admitted September 1, 1904; pupils unequal; sluggish. Active patellar reflexes; unsteady; markedly senseless in utterances; tremulousness; general feeling of well being; frequent convulsive attacks; difficulty of deglutition; frequently chokes; destructive; grinds teeth; stuporous periods; still here.

Case 16.—Male; 53; American; common school education; married; carpenter; formerly attendant in this institution; mother insane; syphilis 10 years ago; onset two and one-half years; somewhat depressed; slept poorly; complained considerably of headache; purchased articles not needed and hid them; forgetful of business duties; increased irritability; poor memory for recent events; thought some one was calling to him. Shortly before admission made large fire against the side of the house for no reason. Admitted May 28, 1904; well oriented; good grasp; admitted poor memory and tests showed general memory fault; some confusion in calculation; apathetic; no elated trend; facial expression dull; deep reflexes normal; defective smell; good pupillary reactions; later fair working capacity; at times, somewhat confused; forgetfulness; tendency to inactivity; untidiness; sleeps much; increased dulness and memory fault; increased deep reflexes; noticeable speech defect; irregular and sluggish pupils. Still here.

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Case 17.— Male; 39; widowed; fair education; carpenter; syphilis at 29; onset three months; wandered about, making senseless contracts; sudden excitement, running because of fear (voices); talks about fractured skull; marked physical depression. Admitted September 23, 1904; active; incoherent; disoriented; poorly guided; confused; speech slurring; pupils sluggish; coarse tremor; brownish pigmentation of skin; scar on penis; soon subsidence of mental state; oriented; appreciative; drowsy; headache; January, 1905, discharged improved, still having physical symptoms and considered a paretic.

Case 18.— Female; 35; limited education; widowed; no occupation; immoral for years; alleged syphilitic infection; in county house for past four years; became blind; onset one year; inactive; untidy; obstinate; denuding herself; talked of "rottenness," "face and hands gone;" "everybody dead." Resistive. Admitted June, 1904; irritable; silent; destructive; obstinate; refused to lie in bed; soiled; lies curled up; senseless nihilistic trend; "no queen;" "no ocean;" calls herself a little girl; physically, small head; pendulous abdomen; puffed face; sparse hair; tremor of muscles; peculiar tremulousness of body when in motion; blindness; muscles flabby; autotoxic; pupils fixed and contracted; decided arterio-sclerosis; more complaint; sleeps in bed; partially oriented; denies everything; loud, obscene talk; apparent hallucinations of hearing; slight ideas of grandeur, "millions of barrels of whiskey;" some speech defect; ulcer over sacrum; congestive seizure; later severe convulsions; prolonged stupor; sudden death November, 1905. Autopsy showed the lesions of general paralysis. Brain sent to pathologist.

GENERAL PARALYSIS (CEREBRO-SPINAL TYPE)

Case 1.— Male; 49; married; American; carpenter; alcoholic; mother senile chorea; father cancer; cause alcoholism; suffered from locomotor ataxia for several years with severe stomach trouble. The day before admission became noisy, violent, restless, fear of something falling on him; delirious talk. Admitted October 15, 1903; confused; superficial bruises; marked arterio-sclerosis; disorientation; episodes of exaltation; defective speech; loss of reflexes; coma; serial convulsions; paralysis of right arm and leg; death within 36 hours; no autopsy.

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Case 2.— Male; 49; American; widowed; alcoholic; glass cutter; June, 1902, at age of 47, sudden paraplegia; unable to walk for three months; resumed work; two months before admission irritable, threatening, laughing, weeping; thought family deprived him of his rights and property; threatened their lives; destructive. Admitted April 5, 1904; fairly oriented; fair grasp; elated; boastful; exaggerated trifles; feeling of well being; absent reflexes; pupils sluggish to light; tremor of hands and facial muscles; writing free; speech not affected; continued untidy; poor application; irascible; emotional; deep feeling against brother-in-law; slightly forgetful; speaks of diamonds; remission of symptoms; 40 lymphocytes to the c. m. in cerebro-spinal fluid; still here.

Case 3.— Male; 43; married; hotel keeper; common school education; alcoholic several years; mother and sister insane; denies syphilis; onset three months; sleepless; restless, irritable; violent outbreaks; exalted run of talk. Admitted July 9, 1904; resistive, shouting as if to imaginary persons; disoriented; poor grasp; mistakes identity; stream of thought disconnected; soon oriented; reduction of memory; defective calculation; pupils irregular and sluggish; patellar reflexes lost; tremor of facial muscles; faulty articulation; recognized past statements that he was very rich as absurd; discharged improved September, 1905.

Case 4.— Male; 32; American; married; high school education; salesman; history of syphilis; onset two months; capriciousness; confusion; sudden exaltation. Admitted July 20, 1904; much dazed; at times, stuporous; suddenly talkative; incoherent; grandiose trend; anæmic; pupils fixed; patellar reflexes lost; speech slurring; severe seizures; exhaustion and death September 1904.

Case 5.— Male; 36; married; good education; traveling salesman; good habits; syphilitic several years ago; onset two years; change in character; morose, irritable, difficulty of speech; gait unsteady; epileptiform seizures; long period of stupor; weeping, laughing; confusion of thought. Admitted August 24, 1904; sluggish pupils; absence of patellar reflexes; tremor; speech difficulties; compliant; oriented; poor grasp; slight memory reduction; confused calculation; optimistic but not elated; frequent episodes of gastric distress; shooting leg pains; dizzy feelings; memory fault; placid state; marked physical signs; emotional spells with

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attacks of syncope and cyanosis and occasional convulsions with loss of consciousness; losing weight; still here.

Case 6.—Male; 56; common school education; short time in Civil war; divorced; moderately alcoholic several years; onset three years; cause, loss of property; acted strangely; irritable outbreaks; abusive towards relatives and cattle; persecutory trend against relatives; great ideas of wealth; building railroads, possessing nuggets of gold; violent outbreaks; destroyed property; at times, depressed; sleeping for hours in the daytime; headache. Admitted June, 1904; disoriented; confused; grasp deficient; general memory fault, more marked as to immediate past; defective calculation. Physically, under weight; complaint of dizzy spells and headache; pupils responsive to light and accommodation; patellar tendon reflexes apparently absent; writing illegible, incoordination with omissions; denies wealth; no hallucinosis; irritable; easily confused; gait unsteady; later exalted ideas; loss for words; cries easily; ill feeling towards relatives; becomes lost. August, 1906, absence of patellar tendon reflexes; marked swaying; pupils irregular, unequal, small, do not respond to light; speech slurring; stumbles on test words; rolling of syllables; very dull; says he is feeling well; cerebro-spinal fluid shows 90 lymphocytes to the c. m. Still here.

Case 7.—Female; 49; common school education; married; five children; alcoholic several years; onset gradual; neglected work; exalted ideas; anticipates great riches; senseless plans; denuding herself; shallow persecutory trend; slovenly; great memory fault; unable to find things about her house. Admitted June, 1904; talkative; elated; witty; noisy; disoriented; Arygll-Robertson pupils; patellar reflexes lost; facial tremors; slurring of speech; marked memory defects; senseless, elated productivity; becoming more ataxic; irritable; still here.

Case 8.—Female; 43; born in Canada; limited education; married; alcoholic in the past; onset few months; developed fear; loud talk; erratic; threatening; senseless utterances; brushing things off her dress; severe crying; wandering; suicidal attempts; menopause. Admitted June, 1904; unequal pupils; sluggish light reaction; absent knee jerks; tremor of tongue; slurring of speech; poor orientation; flighty incoherent talk; defective memory and calculation; happy feeling; reckless activity; frequent

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bruises; takes little food; speaks of millions in gold; great psychomotor restlessness; physical exhaustion; death February, 1905; autopsy showed usual general paralysis changes.

Case 9.—Female; 55; Canadian born; common school education; married; one child; onset six weeks; depression; complete change in conduct; suicidal attempt; seeing animals; thought people dead; filthy habits; destructive; senseless talk; faulty memory. Admitted August, 1904; pupils contracted; Romberg sign; loss of patellar reflexes; drawling speech; coarse tremor; aortic systolic murmur; very dull; irrelevant answers; poor grasp; great memory defect; frequent stupid spells; resistiveness; abed; difficulty of swallowing; diarrhea; vomiting; cold skin; slight elevation of temperature; hemorrhage from bowels; just before death (October, 1904), developed severe convulsive seizure.

Case 10.—Female; 42; Switzerland; several years in U. S.; common school education; married; no children; onset two months; depressed; wanted to die; pain in abdomen; denied her mother; thought herself abused; smelled bad odors; incoherent talk; screaming episodes; running away. Admitted July, 1904; poor nutrition; absent reflexes; pupils normal; mitral regurgitation; fairly oriented; said she was nasty; not deserving of clothing; reluctant about eating; aimless wandering; answered questions poorly; harping on bad disease; good grasp; anxiety slightly increased; fear of a pit; of rotting; hearing accusations that she was a prostitute; striking abdomen; voices reviling her; desire to die; every one in the world infected through her. "No more food." Smiling while talking of her wretched condition; shuns everybody; tries to escape; marked endocervicitis; poor reactions to voices; repeating over and over, "Nasty! Nasty!"; running about striking head; becoming resistive about January, 1905; unsteadiness in gait; Romberg sign; facial tremor; difficulty in pronouncing test words; pupils sluggish to light; very monotonous reiterations; in cerebro-spinal fluid 50 lymphocytes to the c. m.; denuding herself; very dull, though depressed; loud screaming; frequent assaults; still here. For several months case was considered one of melancholia, though reflexes on admission were absent.

Case 11.—Female; 48; widowed; always queer; paternal aunt insane; father died of phthisis; mother of apoplexy; at age of 38

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sudden complete paralysis of left arm and leg; inability to talk; within three months complete recovery of speech and partial of limbs; some cramps in limbs since with slight diminution of strength. Present onset one month; depressed; thought people against her; became very much mixed up over family's plan of moving; thought she was forsaken and imposed upon; excited talk; much crying; explosive violence; several suicidal attempts. Admitted January, 1904; pupils irregular; sluggish responses; nystagmus; diminished pain sense left arm and leg with increased reflexes; slightly more increase of left patellar reflexes and general muscular weakness with slight atrophy, most marked in leg; hypertrophied heart; arterio-sclerosis; aortic systolic murmur; menses irregular; oriented; depressed; tearful; harping on past neglect; feeling relatives going to get her property; suicidal attempts; memory slightly faulty; continued vindictive towards relatives; left pupil more irregular; frequent severe headaches; cramps in limbs; absent minded; cries for no cause; weakness in limbs; unsteady gait; lost knee jerks; Romberg sign; apparent insight; attributes her trouble to senseless worrying; "wonderful change" recently in her feelings; frequently going to bed feeling weak and nervous; electric-like leg pains; thinks she can walk miles; ambitious to work; quality of work becoming poorer; Argyll-Robertson pupils; marked inco-ordination of writing; some speech defect; cerebrospinal fluid shows 35 lymphocytes to the c. m. Still here.

ALCOHOLIC PSYCHOSES

Case 1.—Male; 43; single; German; in U. S. 21 years; laborer; habits alcoholic; cause alcoholism; one month before admission depressed, restless, sleepless, fear at night; heard voices, causing concern and apprehension; to be burned alive; people were getting in his bed. Admitted October 16, 1903; oriented; heard accusations; threats; much paræsthesia; skin burning up, being pinched, and thought things put behind him; reacted to beliefs; rapidly improved; discharged recovered March, 1904.

Case 2.—Male; 38; single; American; laborer; mother and sister insane; cause alcohol; five months before became despondent; pain in head; wandered about; poor memory. Admitted November 6, 1903; oriented; sleepless; poor appetite; idle; emotional; poorly recalled hallucinations of hearing at night; tremor

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of hands; headache; dizziness; numbness of fingers and hands; vasomotor relaxation; marked dermatographia; pupils normal; subsequently irritable, sensitive, sluggish, mixed in thought; not retarded; no falsification; hypochondriacal; brighter; employed; still sensitive; good insight; discharged recovered July, 1904.

Case 3.—Male; 67; married; Canadian born; in U. S. 60 years; carpenter; alcoholic (poor history); some time back, drinking; heard peculiar noises about the house; threatened to shoot wife; suspected her fidelity; saw men about his premises; quarreled with all members of family; carried revolver; spoke of conspiracy to defraud him of his rights. Admitted November 10, 1903; gave great detail as to above circumstances; heard whispering; oriented; physically reduced nutrition; arterio-sclerosis; tremors; intercostal neuralgia; cramps in feet; gradually improved; discharged recovered. Patient presented no senile characteristics; paranoid trend based upon essential hallucinosis.

Case 4.—Age 50; male; widowed; sawyer; French; 23 years in U. S.; chronic alcoholic; duration five months before admission; bewildered; dull; failed to recognize others; wandered about; could tell nothing; destructive; reached out for imaginary objects. Admitted December 15, 1903; misunderstands questions; elaboration somewhat senseless; mistook identity; loss of time relations and place without fabrications; fragmentary account of past life; very much perplexed in thought, counting, and writing; spoke of seeing a big flock of turkeys; hearing sounds, voices; could not describe them; visual play of colors; food tasted queer; amnesia for past events; some muscular weakness; pain sense dull; reflexes exaggerated; coarse tremor of hands and tongue; pupils O. K.; recovered March, 1904.

Case 5.—Male; 42; married; U. S.; barber; alcoholic several years; onset three weeks; threatening; hallucinations of hearing; three people talking of killing; thought them Masons; marked episodes of excitement; saw animals; colored people; little dogs; felt exhausted; heard them say he was dying; heard pistol shots; heard wife screaming; thought she was dragged to the river and drowned; ran five miles through fear. Admitted January 12, 1904; well oriented; depressed; apprehensive; hallucinated with delusions regarding Masons. Physically, feeling of weakness, marked tremors, increased tendon reflexes; recent vomiting; con-

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tinued apprehension; feared harm; suspicious; improved; somewhat argumentative; working capacity poor; slight doubt as to wife's fidelity; letters tampered with; discharged improved April, 1904; went west; heard of fall 1905; doing well in business.

Case 6.— Male; 57; American; brother insane; alcoholic; onset one year; suspicious; sleepless; threatened family; depressed. Admitted February 6, 1904; oriented; complaint; partial insight; told of past hallucinosis of confused nature which caused him fear; feeling of weakness; exaggerated reflexes; tremor; arterio-sclerosis; discharged recovered July, 1904.

Case 7.— Male; 43; French stock; illiterate; laborer; widowed; alcoholic; onset two months; ideas of poison; violent reactions; carried revolver; admitted February 20, 1904; oriented; account of frequent drinking bouts; simple trend of poisoning; ideas against employer; reasonable account of trouble; reactions of an illiterate man; discharged recovered April 8, 1904. Apparently, this man had drank large quantities of high wines and reached a transitory state of frenzy.

Case 8.— Male; 63; American; laborer; married; has been alcoholic many years, as well as irritable; tramp life and indolent in make-up; three months before admission became very excited, boastful; talked of great schemes; annoyed neighborhood; disturbed community at night; threatened wife. Admitted May 13, 1904; quite a degree of arterio-sclerosis; no tremors; oriented; boastful; senseless trend as to his own ability and projects; general denial of leading facts; marked ideas as to wife's infidelity; restless; desire to talk; changeable; no memory faults; auditory hallucinations; soon improved; discharged recovered (?) October, 1904. A year subsequently patient was returned because of his alcoholism and condition of marked deterioration, with senile traits. Paroled September, 1906.

Case 9.— Male; 47; married; upholsterer; alcoholic several years; onset about four months; following grip, depressed; changed in manner; seclusive; poor working capacity; began hearing voices and developed fear; irritability; heard threats to kill him; thought food was poisoned; heard voices raking up past history; hid knives fearing wife would cut his throat. Admitted May 19, 1904; marked tremulousness; bad feeling in head; oriented; depressed; responded slowly; thought no one wanted him

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around; heard voices insulting him and plotting for his ruin; some insight; rapidly improved; discharged recovered August, 1904.

Case 10.—Male; American; common school education; farmer; married; two paternal uncles and sister insane; intemperate several years; at age of 47 discharged from this institution not insane, being in an acute alcoholic condition; present onset three months; cause, heavy drinking; depressed; emotional; anxious; irritable; threatened family; contemplated suicide; sleepless; thought snakes were on his neck; talked to imaginary young girls. Admitted June 17, 1904, age 50; oriented; good memory; stream of thought clear; attributes his trouble to drinking; no delusional trend; emotional, depressed; marked tremulousness; nausea; vomiting; complained of pain; brisk reflexes; albumen, hyaline casts; discharged recovered August, 1904.

Case 11.—Male; 41; American; limited education; teamster; father alcoholic; patient drank for past 10 years; onset one month after prolonged drunkenness; became depressed; nervous and sleepless; suicidal; threatened family; could not eat; heard voices; periods of severe precordial distress. Admitted August 6, 1904; numb feelings over body; cramps in extremities; pain about heart; heart dilated; pulse irregular and small; some tenderness of nerve trunks; marked tremulousness; vasomotor disturbances; auto-toxic; hyaline casts. Oriented, clear sensorium; insight; "If I could only get asleep." Belittled recent incriminating facts; clouded recollections; rapidly improved; discharged recovered, 1904.

Case 12.—Male; 47; American; single; competent salesman; delicate in youth; alcoholic since 22; several times taken Keeley cure; father and brother markedly alcoholic; onset few days as result of very heavy drinking; greatly dazed; sodomy; assaults; answering imaginary voices; fearful; apprehensive. Admitted August 30, 1904; anaemic; systolic cardiac murmur; contracted liver; hyaline casts; complaint; oriented; thoughts clear; grasp good; calculation prompt and accurate; post-alcoholic remorse; absolute amnesia for past acts; discharged recovered December, 1904.

Case 13.—Male; age 75(?); widowed; laborer; cause alcohol; six months before admission depressed; reactions of excitement

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because of voices saying "There he goes, head him off;" wanders about at night; expresses fear. Admitted November 7, 1903; oriented; markedly indifferent while recounting hallucinations about killing and conspiring; bodily feelings of discomfort; dizziness in head; thought he had received "knock-out drops;" precordial pains; coarse tremors; arterio-sclerosis; general memory good; yet slight defect of recent past; later less depressed; considerable insight; recent memory remained slightly impaired; sent to almshouse; discharged improved January, 1904.

Case presented some slight evidences of senility, yet markedly improved from psychosis superinduced in a chronic alcoholic.

Case 14.—Male; 52; Canadian; 50 years in U. S.; laborer; single; alcoholic several years; onset one month; controlled by dead sister; irritable; talks to dead sister; threatens to kill himself; voices threaten to kill him. Admitted Jan. 30, 1904; oriented; indifference to facts; imbecile make-up; pupils irregular; no tremors; no delusional trend brought out; memory poor; working capacity limited; untidy; indifference to hallucinations of hearing; escaped from institution March, 1905.

Case 15.—Male; 37; single; Canadian born; 20 years in U. S.; baker; cause syphilis; three years ago contracted syphilis; two weeks before admission went on drinking bout; became sleepless, nervous, felt foolish; thought everyone was pointing at him; auditory hallucinosis. Admitted November 26, 1903; well oriented; was somewhat perplexed in applied work; tremor of hand; increased reflexes; specific sore on tongue; old scar on penis; enlarged inguinal glands; for a time had ideas of reference; being talked about because of his former disease; thought food was poisoned; easily irritated; reticent regarding delusional concepts; episodes of sudden scolding; fear reactions; discharged recovered.

This case was probably one of alcoholic hallucinosis in a syphilitic.

Case 16.—Male; married; birthplace, Ireland; in U. S. 13 years; laborer; cause alcoholism; duration one year; mistrusted wife; Catholics conspiring against him; lye put in his food; tramp life to avoid persecutors; went to police for protection. Admitted March 18, 1903; age 28; at institution complained of stomach; thought himself poisoned; depressed; no epigastric symptoms; no tremors; faultfinding; escaped; discharged unimproved.

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Readmitted January 27, 1904; since discharge had led tramp life; working fitfully; thought he was poisoned; every one against him; attitude of every one strange; developed persecutory delusions; at institution, various subjective feelings; tremor of hands; epigastric distress; no memory fault; harps on every one trying to do him harm; escaped from institution; discharged August 9, 1904, as improved. No record of auditory hallucinations; probably better classed as alcoholic paranoic condition.

Case 17.— Male; 60; common school education; divorced; boatman; chronically alcoholic; sudden onset; queer methods of work; restless; turned against friends; morose; excitable; great violence and destructiveness; continued yelling; refused nourishment; fear reactions; seeing things; considerable struggling en route; calling out business orders; holding flighty conversations; exhausted. Admitted June, 1904; extremely restless; rapid incoherent talk; inaccessible; several superficial bruises, especially about left leg with blackish, hard discolorations; thrombosis of left internal saphenous vein; pulmonary emphysema; considerable arterio-sclerosis; albumen, hyaline and granular casts. Following day, partially oriented; vague as to facts. "I can't tell; my mind is dazed." Impaired grasp; memory greatly impaired for recent events; fairly good for remote; gives confused account of past fear because of voices; peculiar visions; becomes rambling and full of dreamy utterances; within two weeks oriented; hazy memory for past; marked gangrene of left leg; quiet; suffering much pain; fully observant; death from gangrene August, 1904; injury to leg supposed to have occurred at height of excitement.

Case 18.— Male; 28; single; American; carpenter; grandfather alcoholic; patient alcoholic 10 years; frequently on the verge of delirium tremens; after excessive drinking convulsive seizures, 13 in one day; post epileptoid hallucinations of sight and hearing; depressed; threatened suicide; month before admission drank heavily; thought relatives were going to do him harm; flourished revolver; said there were electric wires in bed; suspicious of food; admitted December 4, 1903; well oriented; partial insight; very tremulous; evasive as to facts; humorous as to case; heart action irregular; hostile towards father; steadily improved; March 4, 1904, recovered.

Case 19.— Male; 44; married; saloon keeper; heavy drinker for many years; onset dates back three years; poor business ven-

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tures by building without means; became worried; resorted to morphine to break off drinking. Few months before admission became irritable, irascible; thought every one was against him; avoided family; became tremulous; sleepless; ate food on the sly; ugly towards wife. Admitted May 5, 1904; very tremulous; urine showed albumen and casts; slight arterio-sclerosis; pupils O. K.; oriented; careful not to incriminate himself; poor reasoning as to financial ventures; no ideas of infidelity; good memory; no hallucinations; rapidly improved; was discharged improved July, 1904; got along well at home.

Case 20.— Male; 35; nativity (?), laborer; married; alcoholic: onset 10 days; morose, irritable, excitable, homicidal, sleepless; wandered about confused; answered voices. Admitted February 23, 1904; indifferent; frequently said, "I don't know." Resistive; autotoxic; subdued apprehensiveness; irritable reactions on the ground of auditory hallucinations; disoriented; surly; assaults because of vague hallucinations; works indifferently; says he has no recollection of commitment or recent time events; began to show improvement; said voices used to annoy him much; considerable insight; attributes his trouble to drinking; paroled; discharged improved November, 1905.

Case 21.— Male; 41; American; farmer; maternal uncle insane; illiterate; alcoholic several years; onset one year; "dope" in food; "itch on skin;" suspicious; keeps loaded gun; wanders about at night; incriminates wife and drove her from home; periods of despondency. Admitted March 23, 1904; exaggerated reflexes; dermatographia; epigastric pain; tremor of hands; pricking of skin; oriented; ideas of poison on the ground of queer subjective feelings; attitude of people queer; wife immoral; poison in food through her; slight retrospectiveness; memory essentially unimpaired. Still here.

Case 22.— Male; single; laborer; alcoholic several years; father suicided; sister insane; another sister imbecile; patient had first psychosis at age of 33; primary dementia; was confused; recovered. Readmitted April, 1902, at 34; duration one year and eight months; mistaken identity; delusions of a sexual character; discharged recovered. Readmitted March 30, 1904; indolence; drinking; wrote notes to unknown ladies; looked in windows; talked of persecution by a "gang"; signs meant for him.

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On admission, oriented; good memory; evasive; humorous; indifferent; thinks a woman is following him, controlling him and keeping him from work without and here confined; controlled by rabbi and an Indian. Still here.

Case 23.—Male; American; carpenter; illiterate; alcoholic since youth; at 25 psychosis of sudden onset; arrested for some criminal cause; depressed; complained of peculiar bodily pains; alcoholic physical symptoms; pounding head because of depressed voices; escaped from institution; slightly improved; continued alcoholic; several subsequent attacks (poor history). Present psychosis — onset one month; age 40; active hallucinations of hearing; fear. Admitted April, 1904; dull and indifferent; sullen; persecutory trend against relatives; indifferent intimations of hallucinations of hearing; poor judgment; lying about; tremulous; brisk reflexes; continued irritable; worked mechanically; memory faulty; at times, quite stupid; humorous view of alcoholic state; removed by relatives August, 1906.

Case 24.—Male; 32; American; Irish parentage; single; common school education; laborer; alcoholic; at age of 31 had delirium tremens; not considered well since, although worked some; definite onset about March, 1904; stomach difficulty; indolence; depressed; excitable episodes; restlessness; thought he had divine power; prophesied end of world; was directed what to do by peculiar pain in hip. Admitted April, 1904; good health; complained of intermittent hip pain; dwelt on pain, which occurred when he did not take right course of thought and action; rather constant trend; hallucinations not clear; refers to suspicion of being talked about for a year back; senseless religious ideas; frequent assaults; very alert; good memory; senseless ideas of divination; attributes pain to electric shocks; obstinate; idle; guided by Lord; disregarded relatives' visits; surly; irascible; disappearance of electrical ideas; angry if questioned; hostile towards attendants and authorities, apparently on delusional basis; thoughtful attitude; no apparent hallucinosis; suspicious about food, refusing several meals, then eating ravenously; very untidy; failure in health; phthisis suspected; still here. Delusional trend and attitude somewhat suggestive of dementia præcox.

Case 25.—Male; single; tailor; habits alcoholic; cause overwork; four months ill in general hospital; soon beginning depres-

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sion with excited episodes; thought he was to be killed; desire to dress for death; suspicious; ate little; irritable; prays much. Admitted November, 1903, apprehensive, disoriented, elaboration vague, fragmentary, rambling, no flight or distractibility; seemed dull as to grasp; mood changeable on ground of hallucinations of hearing—"Is my mother dead?" "What house is this?" "I think it's a college." Autotoxic; tremulous; pupils O. K.; nerve trunks tender; tendon reflexes diminished; indifferent when questioned, senseless answers; puzzled over calculation; voices began saying queer things to him; thought them old acquaintances; vivid dreams, seeing mother, angels, cross; face feels queer; crawling feeling over body; cannot think clearly because of voices; cries and laughs; continued disoriented, confused, hallucinated; uncertain and evasive in answers; emotional; better oriented; works a little; gets commands from voices while at work; then can work better; physically improved; impulsive acts on the ground of hallucinosis; querulous; complains of neck being stretched; fears blindness; indifferent; silly; untidy. At present, personality affected; thinks he is of some importance—protected by government and Masons; egotistical bearing; mistakes identity; thinks certain denominations persecuting him; vague talk about anarchists; suddenly stops work, looks sidewise and laughs; keeps cotton in his ears; evasive when questioned; tendency to mystical references; tidy; good memory. Still here. Shows dementia praecox traits.

Case 26.—Female; married; no children; illiterate; alcoholic many years; at 41 at this institution; depression; hallucinations; discharged recovered after three months; onset of present psychosis three weeks; cause alcohol; poor account of hallucinations of sight and hearing and violent acts. Admitted February, 1904; age 52; oriented; violent assaults on the ground of hallucination of hearing; inaccessible; noisy periods with incoherence; variable delusional ideas; insolent; depressed; suicidal ideas; refused meals; asked queer questions; severe struggles; mutism; fault-finding episodes; hostile to nurses. Still here.

Case 27.—Male; 36; single; farmer; common school education; alcoholic from the age of 18 until first admission; father and brothers alcoholic; patient received injury to head at 22; at age of 27 mental upset two months; remained at home; second attack at 29; cause alcohol; queer conduct; restless; increasing excite-

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ment; hallucinations of sight and hearing; sleepless; finally very maniacal; in lock-up; would allow no one to approach him; filthy. Admitted within a month, August, 1902; rapid, incoherent talk; great activity; resistiveness, hallucinations of hearing; mistaken identity, giving religious names; many variable delusions; haematoma auris; more composed; working; for days loud talking; apparent hallucinations of hearing; troublesome; filthy habits; later jaundice; picking skin; irritable; obstinate; continued to provoke assaults; outbursts of incoherence; more stability; discharged improved after 18 months. However, continued to suffer from insomnia; occasionally restless; somewhat anxious; marked increase of symptoms before readmission, walking back and forth, repeating over and over, "If I could only die." Desire to return; complained of head discomforts; inability to control thoughts; insomnia; seclusive; emotional episodes; outbursts of violence; occasional reference to pain about heart and in head. Readmitted within a month, October, 1903; depressed; complained of dizziness; oriented; appreciative; soon employed; occasional apathy and sluggishness; no hallucinosis; good memory; seems a little indifferent; anxious to go home. October, 1906, situation obtained for him; doing well.

DRUG PSYCHOSES

Case 1.—Male; 31; married; American; insurance agent; cause morphine and cocaine; 10 years previous began taking morphine because of kidney calculi; operated on for cyst of kidneys at 29; fistula resulted; continued using morphine hypodermically, 12 grains a day; then started to use cocaine. Admitted November 14, 1903; oriented; gave good account; markedly uraemic, only passing eight ounces in 24 hours; suffered much pain from abscesses; nauseated; muscular twitching; vomiting; frequent mild delirium, low muttering type or restless sleep. These symptoms passed off after elimination reached 20 ounces. Rapidly improved; urine normal; great gain in weight; discharged recovered May, 1904. Drug symptoms clouded by uraemic state.

Case 2.—Male; 71; American; married; policeman; has used alcohol and especially morphine several years; onset three years; periods of depression with many aimless and confused acts; hypo-

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chondriacal trend; frequent anxiousness and cravings. Admitted June, 1904; tremors; marked muscular weakness; nephritis; oriented; good grasp; begging morphine; emotional; improved. Died within six weeks of acute enteritis.

Case 3.— Male; married; collegiate education; physician; morphine habit since age of 40, following several attacks of sciatic rheumatism; onset one month; age 43; after daughter died depressed; confused thoughts; poor memory; unsteady gait; imaginary trips and flighty talk; weak; contemplated suicidal plans. Admitted April, 1900; dull; oriented; toxic; recovered July, 1900. Began using morphine a year later; periods of excitement; hears voices; fear of harm; barricades doors; loudly threatened suicide; thinks someone up stairs to kill him; suspicious of food; recurrent periods like the above; readmitted June, 1904; age 47; good physique; well oriented; good grasp; paranoid trend on the ground of auditory hallucinations; at times, complained of strong flashes of light and attached varied mystical ideas thereto; episodes of incoherent talk and confused acts with dreamy accounts; contented to remain; interests narrowed; peculiar attack of syncope with watery stools; states several seizures before. January, 1906, discharged improved.

Case 4.— Male; 47; American; married; collegiate education; physician; mother asthmatic; living; sister died of tuberculosis; brother insane (see Case 6, allied to manic-depressive group); delicate as a child; learned rapidly; asthmatic in winter time since 11; for 20 years inhaled chloroform, also used cocaine since 45 (1902); at times, has been dazed, as result of using drugs; onset two years; peculiar conduct, treating patients by electricity from his own body. Shortly before admission bizarre conduct, kissing people, saying "Amen;" in touch with God. Admitted July 24, 1904; oriented; very talkative; marked ideas of electricity, describing himself as a human dynamo; feeling of exhilaration; laughed at the absurdity of his own ideas; said he could not help his peculiar conduct as he was prompted by God; marked improvement; feeling of resentment; discharged recovered August, 1904. Continued using cocaine; in November sleepless; restless; very talkative; thought himself radium; queer actions; violent reactions. Admitted January, 1905; hæmoglobin 85 per cent; peculiar paraesthesias; fully oriented; marked muscular twitchings in sleep; considerable elation; singing; rapid talk; cleared up readily; discharged recovered April, 1905.

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Case 5.—Male; American; 59; single; common school education; jeweler; morphine habit many years; (onset uncertain); mild persecutory ideas; exceedingly nervous; unable to work; anxious for commitment. Admitted August, 1904; poor nutrition; marked tremors; arterio-sclerosis; agreeable; oriented; anxious feeling; fibrillary twitching; suicidal thoughts; petulance; peculiar spells of tremulousness; gnawing, hungry feelings; marked prevarications; gained 25 pounds; discharged recovered September, 1905.

Case 6.—Male; American; married; druggist; alcoholic since 30; father alcoholic; user of morphine and cocaine several years; onset one year; forgetful; depressed; senseless talk; stuporous periods; irascible; abusive. First admitted June 3, 1902; age 43; begging morphine; admitted using four grains a day; abstinence symptoms, such as hallucinations of sight and hearing; anxiousness; no tremors; discharged recovered April, 1903; got along well at home for five months; returned to drugs and whiskey. January, 1904, became irritable and confused; dreamy episodes; fabrications as to trips and plans to go to Europe; sleepless; accused himself of crime; burglars about the house. When drugs removed complained of severe pain; got uneasy; made blind assaults. Re-admitted August 31, 1904; age 45; anemic; no tremors; complaints of weakness, itching skin, muscles sore; oriented; good grasp and insight; discharged recovered November, 1904.

Case 7.—Female; 41; married; Irish; limited education; has seven children; domestic in early life; for many years heavy tea drinker; for "several" years said to have drunk whiskey. At age of 38 not well defined illness; severe pain in head and body; swelling of stomach; was told her liver was enlarged; was given morphine; acquired morphine habit; finally took six grains a day with half a pint of whiskey; year before admission erratic, neglecting work, calling out of windows at night; vague hallucinations of hearing; complaints of abuse. Admitted January 9, 1904; oriented; general feeling of abuse; hypochondriacal; sleepless; pain in stomach; marked acne rosacea; shaky feeling; slight excitement; hyaline casts; albumen; cirrhosis of liver; tremulousness; continued restless; craved for morphine; good appetite; persistent ringing in ears; insomnia; tight band-like feelings about

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wrists; continually wanting medicine; frequent epistaxis; discharged unimproved July, 1904; soon returned to former habits.

Case 8.—Female; 36; single; common school education; domestic; dissolute character several years; addicted to drink, cigarettes, morphine and cocaine for unknown period; poor history; onset three months(?); great excitement; talked about soldiers marching; stuff being put upon her; being torn; burned in the fire; seeing threatening signs; screaming; running; tearing off clothing; incessant talk; poured cold water on herself; calling. "Chase them away." En route was restless, excitable; good grasp, craving for cigarettes. Admitted May 11, 1904; Mongolian eyes; finger ends clubbed; yellowish-copper colored pigmentations; active tendon reflexes; tremor; tongue red and deeply fissured with scars and old ulcers; oriented; talkative; restless; full of gestures; suspicious of intentions. "All a trick." Unstable dramatic delusional trend of persecutory nature; great emotional instability; vulgar slangy references; very defective educational knowledge; continued nervous; thought every one behaved queer; suffered attack of catarrhal jaundice; restless; moaning; somewhat confused in talk, making references to a "plank;" persistent efforts to escape; anxious; wringing hands when any one in authority is around; more stable; good working capacity; discharged recovered December, 1904.

INFECTIVE EXHAUSTIVE PSYCHOSES

Case 1.—Male; married; American; farmer; severe attack scarlet fever aged six; "Mind pretty bad for three months;" since always easily excited; at 28 had measles; flighty few nights; while ill had to care for rest of family; up nights and worked days; became run down and fatigued; two months before admission strange talk; thought everyone was crazy; depressed; feared a great crime; sought out enemies; wife being influenced; complained of confusion of thought; violent episodes. Admitted January 2, 1904; age 29; restless; resistive; impulsive acts; marked disturbance of grasp; loss of time, place and persons; "Let me get out, what does this mean." Expression very anxious; marked irrelevance; tongue and skin dry; "I am mixed; I want to die." Complains of voices; bewildered; fails to write name; cries; then suddenly assaults; perplexed when addressed; sleep

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improved; retrospective; very slow; spoonfed; untidy; soils; obstinate as to care because of fear; mentions some societies; sheds tears; gained 20 pounds in two months; cheerful, industrious, reserved; "Seems like a dream." Discharged recovered October, 1905.

Case 2.—Female; 45; American; married; housewife; five children; common school education; good heredity; epileptic seizures since childhood; no seizures for two months before commitment; onset one month; working hard; taking large amount of patent medicine for fits; became greatly fatigued; sleepless; depressive hallucinations of hearing; strong reactions; great activity. Admitted November 28, 1903; entirely disoriented; fearful; agitated; quick and noisy reactions; trying to hide; markedly autotoxic; dry tongue and skin; scanty urine; granular and epithelial casts; marked emaciation; drooping eyelids; incoherent remarks while beckoning and calling; somewhat clearer; partially oriented; great difficulty in thinking tests; cries easily; irritable reactions; easily fatigued by thinking tests; described recent vivid auditory and visual disturbances; huge animals in her room; queer feelings over her body. While improving slowly had doubts — suspicious of her family and the Lord; several convulsions of the grand mal type; menstruation resumed; welcomed relatives; improvement of urinary condition; still complains of fatigue; discharged recovered March, 1904. At no time, did patient seem to show features of epileptic psychosis.

Case 3.—Female; 33; married; two children; good education; naturally very conscientious and sensitive; maternal cousin insane; onset three months; cause childbirth; insomnia; irritable; complained of great exhaustion; marked reduction of weight; restless; depressed; thoughts running rapidly; marked exacerbation. In December, hearing voices; fear; attempt to get away; accused herself of great wrong; baby lost; eaten up; refused all food; bewildered. Admitted December 29, 1903; marked reduction in weight; haemoglobin 75 per cent; complaints of exhaustion and dizziness; soft systolic murmur at apex of heart; pulse low tension; markedly autotoxic; albumen and hyaline casts; badly confused as to time relations and place; defective grasp; sudden depression; violent reactions on the ground of hallucinations. "I have got things mixed up. Everybody is mixed." Feelings of electricity, being buried alive and chloroformed; has done awful

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things; great perplexity in calculation and in writing her name. Later inaccessible; eyes wide open and fixed; muttering to herself; rapid pulse; confused; fumbling; sudden acts, running here and there; whining; dazed; more composure, but emotional; partially oriented; complaints of great perplexity because of voices; horrible fear; readily shows fatigue at applied work; frequently saying over and over again, "I can't understand it;" thinks she is being turned into a darkey; homesick; inquiring after child; menstruation resumed; discharged recovered June, 1904.

Case 4.—Female; 41; common school education; married; no children; invalid several years with uterine trouble; (no facts); marked failure in nutrition; last 14 months severe flowing; two weeks before admission was at city hospital for hysterectomy (cancer); became delusional, people trying to poison her; talking about her; getting out of bed; great excitement; sleepless; refused food; visual disturbances. Admitted February 9, 1904; marked prostration; normal temperature; hæmoglobin 80 per cent; albumen casts; uterus large and fixed; cervix bleeding. Mentally disoriented; monosyllabic; complains of mixed thoughts; episodes of fear; talking about shroud; windows look crimped up; boys about her; entirely disoriented; periods of composure and orientation with recurrence of great bewilderment and marked hallucinations of sight and hearing; marked perplexity in applied work; misjudged nurses; hostile; contrary; tube fed; says "she has no taste;" hears limbs sawed off and soldiers marching; low toned, babbling, incoherent talk; irritable; wanted to know where she was; slight improvement physically; crying episodes; soon becomes rambling and perplexed in endeavoring to account for herself; silent; suspicious; resistive; difficult to spoon feed; tube fed for a time; slight transient stiffening of muscles; next day greatly excited; anxious; running to the window; crying, moaning and talking. Gained in weight; improved; assisted with work; ravenous appetite; dreamy, dazed expression; has to be assisted; very slow in movements; silent; removed by husband; discharged improved March, 1906. No essential change in uterine condition, except menses seemed normal.

ALLIED TO INFECTIVE EXHAUSTIVE PSYCHOSES

Case 1.—Male; naturally nervous; common school education; American; laborer; married; mother died of cancer of uterus; at 27 had "heat stroke;" ill one week; since much headache and

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stomach trouble; restless and sleepless; confused and apprehensive periods; fear reactions; onset 15 months; much worry regarding himself; threatened suicide; thought relatives were going to poison him. Admitted June 4, 1904; age 30; well oriented but forgetful; emotional; feared something was going to happen to him and his family; worried about his health, said: "I am awfully nervous;" weak, prostrated and emaciated; toxic; seemed rather slow in answering questions; difficulty in thinking; often repeating questions; gave good account of journey and admission; some uncertainty as to principal events in past life; calculation not tested; counted from one to 20 five seconds; continued emotional; complaining much of distress in stomach; frequent belchings; thought people were talking about him; sizzling in ears; generally depressed; complained of head feeling bad; pressure therein; occasionally thought food was poisoned; frequently crying; asks for another chance; worried about himself and picking at clothing; walked back and forth; developed insight; marked gain in weight; discharged recovered.

Case 2.— Male; American; common school education; married; farmer; naturally unstable; had psychosis at 42; onset five days; peculiar conduct; suicidal attempt; violence; great motor restlessness; hallucinations of sight and hearing. Admitted July, 1898; superstitious; apprehensive; very autotoxic; fully oriented; poorly guided by questions; soon depressed; hebétude; suicidal attempts; unpleasant voices. Discharged recovered April, 1899. Re-mitted September, 1904; age 48; ill health several months; onset few days; prayerful; confused acts; laughs and cries; fixed attitude; worry over ill health. On admission, autotoxic; marked emaciation; active; marked flight with incoherence; fairly oriented; fair grasp; erratic calculation; absurd persecutory ideas; hallucinations of hearing; suspicious; denies existence of family; irritable; residual depressive hallucinations; sluggishness; introspective; poor nutrition. Discharged improved June, 1906.

Case 3.— Female; 32; common school education; married; four children; youngest 11 months; at age of 26 severe attack of typhoid fever alleged; onset while nursing baby one month previous to admission; concern about Indian neighbors; then began saying "It is not true." "No Indian blood in me." Then complained of Indian blood being injected into her veins; would lie awake nights because of fear; spoke of various buildings being

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burned; refused medicine; moved from home; could hear Indians talking; anxious; fearful; rapid loss in weight; irregular menstrual functions; threatened suicide. Admitted August, 1904; muddy complexion; heavy feeling about head; queer feeling in throat attributed to influence of Indians; reduced nutrition; gastric catarrh; slight arterio-sclerosis; oriented; responded poorly; pre-occupied; unwilling to answer; at times talks rapidly about various influences, especially somatic type, speaking of snakes in stomach; impulsive acts, running to and breaking windows, on the ground of hearing fearful sounds; at times very sluggish; continued to answer questions poorly, requiring great urging; monosyllabic; wringing hands; grasp on surroundings poor; thought hospital was for "the tribe of the nations"; gave poor account of previous conduct; said she felt stupid; failure to recall important events; complained of things running through her head; voices continually accusing her; delusions more absurd; senseless suicidal attempts; frequent anxiety and moaning; sleepless; more reticent; unreasonable in attitude and demands; complaints of stomach; refusing meals; assaulting when asked to comply; prolonged periods of screaming until hoarse; expectorates much; tube fed; angry at husband's visit; severe silent struggles; edema of face; albumen and casts; improvement; gain in weight; more compliant for a short time; unreasonable demands; laughed to herself; defective judgment in general matters; feelings of former influence in the background; said a million dollars came for her last night; talks about "vim currents"; much letter writing with reasoning, paranoid, persecutory trend; mystical references to the President; continued demands for release; angry if questioned; no insight; improved nutrition; memory intact; no somatic references; no evidences of hallucinosis; superior manner; gives one the impression of paranoic make-up. Some improvement in general attitude. Still here.

Case 4.—Female; 19; common school education; domestic; four months ago eloped with worthless man; onset three weeks; great excitement; hearing multitude of voices; fearing death; anxious; refusing food; incessant incoherent talk; seeing angels; violent reactions; en route struggled severely. Admitted August, 1904; pupils widely dilated; sluggish reflexes; mitral systolic murmur; hyaline casts; autotoxic; continual motion; senseless, chopped-up talk in slow monotone without distractibility or rhym-

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ing; inattentive; cannot tell time; restless; assuming queer attitudes; slow emotional changes; holding pillow as if a baby; presumptive signs of pregnancy; long periods of quiet, picking at bedding; assuming listening attitudes; sudden laughter; standing up, making no replies; resistive; fumbling with bedding; whispering; soiling; drawling out irrelevant remarks; little more activity; great degree of incoherence continued; mistaken identity and place; no account of time; saying voices constantly talking to her. "They tell me to go to hell." "And there are presents you will get." Unable to write her name; fumbles with pencil; while making attempt became profane, saying she heard "red heads," at the same time looking away and peering out of the window and smiling; constrained attitudes; confused; noisy; resistive; meddlesome; periods of quiet; six months after admission gave birth to twins, who showed poor cranial formation; little interest in babies; indifference in general matters; rather silent, laughing to self; obstinate streaks; remained mute; indifferent to relative's visit; three months after confinement more active and pleasant; return of maternal interest; lying about much; has to be urged to move; period of scanty urine; edema; vomiting; headache; dizziness; abundant casts in urine; subsequently hebetude; peevishness; severe tonsillitis; rapid gain in weight; somewhat overactive; loud talking; composure; steady improvement. Discharged recovered January, 1906. For some time case was considered one of dementia præcox.

Case 5.—Female; 49; married; two children; housekeeper; suffered with female trouble 14 years; semi-invalid; onset one month; rapid; great excitement; destructiveness; suicidal and homicidal; flighty talk; busy plans as to journey to be married; anxiety because she must be burned. Admitted November, 1903; disoriented; mistook identity; complained of great fatigue; flighty talk; musing, drifting remarks; marked confusion over thinking tests; inattentive; forgetful; mind full of thoughts; miscellaneous remarks; no halucinoses; faulty memory; enlarged thyroid gland; hæmoglobin 45 per cent; muscles flabby; urine alkaline; old pelvic cellulitis; cystitis; continued confused; noisy; exalted plans; clearer sensorium; unstable episodes; improvement in nutrition; became greatly depressed; feared to be burned; refused food; sleepless; apprehensive; "Oh, dear, what will I do?" "I am going to be hung." Marked bewilderment; did

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not seem to understand; scanty urine; casts; gradual improvement, though memory was somewhat defective; limited interests; irritable phases; contrary; annoying; episodes of anxiety and worry; many episodes of changeability like the above. Finally more stable; residual memory faults. Discharged improved July, 1904.

Case 6.— Female; 41; single; common school education; housekeeper; ill in infancy; markedly anaemic during school life; at 20 told she had displacement of womb; at 25 brief mental upset after mother's death; somewhat unstable since; rather erratic for last few years; failure in health; considerable religious zeal; worried over care of sick ones; a few weeks before commitment became restless; sought divine healer; began to have doubts, fearing she might do something; gave way to feeling; hysterical episodes; removed to general hospital; great violence; thought soul was lost; attempted to jump out of window; refused to eat; screaming. Admitted July, 1904; marked reduction of nutrition; consolidation of right apex; gastro-intestinal toxemia; albumen and hyaline casts; complained of weakness; easily startled; whining; oriented; good grasp; poor recollection of previous acts; confused impression of hearing unpleasant voices for a short time; soon became apprehensive; fear of harm; fear of being killed; misinterpreted sounds about her; suspicious of food and medicine. Later, all going to be burned; awoke from sleep greatly agitated; hearing burning fire; excited over impending universal catastrophe; said queer things were rushing through her head; somewhat bewildered and confused; tendency to incoherence; following day composed though easily distracted and fatigued over calculation and other thinking tests; "Can't you tell me where I left off?" "I am forgetful." Improvement mentally and physically; slightly depressed; shy; lying about; worried over spiritual welfare; then anxiousness; moaning "Oh! Oh!" Wronged everybody; fear of murder; dreamy accounts of disconnecting trains and fabrications as to recent experiences; standing about bewildered; refusing food; something told her not to eat; felt in the way; neglected toilet; resistive of care; active hallucinations of hearing with great apprehensiveness; brighter; wanted to know where she was; solicitous for others; lying down much; gain in weight. Paroled; discharged recovered.

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DEPRESSIONS NOT SUFFICIENTLY DISTINGUISHED

Case 1.—Female; 46; high school education; married; one child; maternal aunt insane. Several years pulmonary tuberculosis; menopause at 40; onset three months; depressed; worried about health; neglect of work; few days before admission cut both wrists and right ankle with knife; said she could not get well; better dead; too much on her hands; became mute. Admitted April 11, 1904; marked reduction of weight; consolidation of both apices; albumen and hyaline casts; indifferent; inaccessible; mute; inactive; occasionally nods head; moves lips; fumbles with her hands; not resistive; cried on sister's visit, but remained silent; feeds herself slowly; activity improved; would not talk to husband; read a letter and cried; occasionally monosyllabic replies. "Seems to me as though I could only whisper." "That's why I don't talk more." Continued to sit quietly day after day; answered letters from home; indifference (?); swallows tubercular sputum; was removed by husband; discharged unimproved November, 1905. Letter August, 1906, from family physician states patient not well; depressed; moody; does some work.

MELANCHOLIA PSYCHOSES

(Occurring during involutional period of life)

Case 1.—Male; 59; married; Irish parentage; 58 years in U. S.; farmer; habits good; cause worry. One year previous to admission debilitated physically; became depressed over past sins; anxious, walking the floor; peering into mirror; several attempts to hang himself; everything dark to him; future likewise; shuns friends; anxious at night; harping. Admitted October 31, 1903; good orientation; slow in applied work; choking feeling; general bodily distress; fulness of head; high pulse tension; sclerosis; frequent anxiety episodes; fear of freezing to death; lump in throat; somewhat fault-finding; irritable; less harping; depressed; removed by wife. Discharged unimproved August, 1904.

Case 2.—Male; 50; married; American; farmer; cause typhoid fever two years previous; shortly before admission (poor history) sleepless, suicidal, asked for knife; attempted to kill

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others; destructive. On admission, December 22, 1903, showed poor memory and grasp; defective orientation; listless; subdued apprehension; fear of being put out in the cold; fear of being burned alive; vague as to facts; will not discuss his case; felt numb and nervous; some anxiousness; head heavy; worried; cannot explain why; irritable reactions; refused food; noisy and profane; nihilistic ideas; absurd concepts; tube fed; "I have no name; you have my name"; monotonous moaning; untidiness; four epileptic seizures; very autotoxic; absurd notions about bodily organs. Still here.

Case 3.—Male; 46; married; American; farmer; temperate habits; natural temperament bright and cheerful; onset five months; cause, worry over business and difficulty over building barn; fear of losing farm, going to poorhouse; thought everyone an officer; stops all work on the place; sleep deficient; restless at night. Admitted March 17, 1904; subjective feeling of discomfort about head and throat; increased arterial tension; pulmonary emphysema; slight cyanosis of lips; anxious harping; no hallucinations; no retardation; good memory. Discharged recovered September, 1904.

Case 4.—Male; American; married; laborer; common school education; at age of 46 had acute depression; phobias; could not walk or talk; religious doubts; thought himself wicked; shunned friends; attempted starvation; suicidal attempts; complained of distress; heard voice of God warning him not to eat; suffered acute pain; anxiety; agitation; emaciated; anaemic; made worse by visits from relatives; more activity; cheerful; improvement in health; discharged recovered after one year. Present psychosis—onset four months; age 60; refused nourishment and medicine because of religious voices; fear of committing a sin; difficulty in inducing him to speak. Admitted April 15, 1904; oriented, agitated, wrong to eat, committed a sin, Lord telling him he was bad, prayed for forgiveness, suspicious of those about him; good memory; recalls instances of former stay; says trouble dated back to December; voice of God telling him he was wicked and he must not eat or drink. Refused to open letter from home; somewhat contrary; retractile attitude; inactive; more active; assisted with work; insight; paroled; somewhat worrisome at home. Discharged improved September, 1905.

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Case 5.—Male; 59; married; common school education; laborer; stopped work; onset two months; depressed; soul lost; desire to kill wife; food poisoned. Admitted July 13, 1904; agitated, moaning; inaccessible; reiterated he had committed murder; poorly oriented; resistive to physical examination; apprehension with harping; sees coffin. Still here.

Case 6.—Male; 62; married; common school education; farmer; former years alcoholic; had malaria in Civil war; onset six months; failure in health; worry; fear of prosecution; took vitriol. Admitted July 26, 1904; chronic gastritis; pressure symptoms in head; epigastric distress; pulmonary emphysema; arterio-sclerosis; high tension of pulse; oriented; anxious; full of distrust, harping, hypochondriacal; fear of dungeon; constantly hearing ominous sounds; all signs fateful; great restlessness; "heart stopped beating;" air hunger; things tasted bitter; tube fed; fear of blindness; irritable; clamorous; untidy. Death from exhaustion, July, 1905.

Case 7.—Male; 45; Canadian; 40 years in U. S.; imbecile; single; laborer; temperate; mother alcoholic; sister imbecile; got along well until 31; became irritable, shiftless; annoyed women; subsequently in county house; occasionally would show simple apprehensive feelings; employed; onset six weeks; very depressed; anxious; fearful of harm; retrospective; head all gone to pieces; eyes too low; face like half moon; real attempt at hanging; noises; loudly accused himself. Admitted August 23, 1904; oriented; asked to be killed; body ruined; all out of shape; marked arterio-sclerosis; general feeling of distress; constantly rubbing head; actively suicidal; irritable reactions; less harping; more untidy. Still here.

Case 8.—Male; 49; learned slowly; married; American; teamster; good habits; eight months before admission became depressed; nervous; sleepless; crying; would not work; monosyllabic; suicidal; cause, worry over change of work at less pay. Admitted December 17, 1903; oriented; sad; inactive; good grasp; hard to think; very slow in counting; talking, eating and writing; realized difficulty; spoke of past difficulty of application and thought; without hallucinosis. Physically, good health; slight discomfort in head and stomach; belching gas, no arterio-sclerosis; soon became emotional; restless; fear of jail, based on

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hallucinations of hearing; throat going to be cut; inadequate reactions; food tasted queer; crying; attitude of those about him portended evil; suspicious; monosyllabic; more cheerful; some insight; denied voices; employed; hypochondriacal; food poisoned; committed a great wrong many years ago; still hangs over him; lacks initiative; desire to be by self; fair working capacity; silent; recital of case ceases to interest him. Still here.

Case 9.—First admission December 24, 1895; male; married; German parentage; upholsterer; brother and sister dementia praecox; patient depressed few months at age of 27; present onset five weeks; age 51; habits moderately alcoholic; excited; nervous; worried; fear of prison and drugs; food smelled of coal gas; every one against him; smelled chloroform; things looked queer; could not work; "lost power;" sleepless; suicidal. On admission oriented; refers to poisoned food; became afraid in night; called out; accused himself; asked to die; family suffering; hears some one calling; mesmerized by others; retention of urine; occasionally catheterized; visited by son; seemed improved; employed; after five months (May, 1896) discharged recovered; seemed well for eight years; two weeks before readmission depressed; desired death; lost friends; "Oh, have mercy!"; agitated; everything "dope;" fears imprisonment. Readmitted January 7, 1904; oriented; utterances and motions slow; subdued anxiousness; everything wrong; hypnotic power affected family. "They thought me crazy, I thought them crazy." Eyes and head powerless; easily awakened; hard to think and work; no will power, "Can't do things as easy." Thinking tests showed marked retardation (preoccupation); one to 20 in 15 seconds; could not subtract; writing slow. "Tell me what to write." Memory excellent; later guarded against self accusation; thought others planning against him. Physically, "head full;" sleep unrefreshing; pulse increased tension; soon improved; slight restlessness; easily upset; denies home letters; distrusts attendants; moans; says he is crazy by "dope;" employed; eyes feel burned; rapidly improved. Discharged recovered December, 1905. Considerable anxiety, uneasiness and restlessness during the last psychosis being more leading than manic-depressive features. Alcoholic phase somewhat prominent during both admissions.

Case 10.—Male; American; married; carpenter; temperate habits; aunt, two cousins and one brother insane; first admission

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at age of 51; onset four months; melancholy; head felt bad; mute for hours; suicidal; every one against him; wife wished his property; anxious episodes; discharged improved. Second attack three months later; feared poison; referred to himself as "a dying man;" fears impending harm from all sources; marked loss in weight; periods of irritability; no hallucinosis. On admission, arterio-sclerosis; pulmonary emphysema; orientation slightly defective on the ground of poor memory; dull; subdued fear; indifferent references to fear of being killed; grasped questions poorly; vague account of unpleasant auditory hallucinations; later referred to epigastric disturbances; wife being here trying to poison him; stays by himself; thinks he is shunned; forgetful; paroled; soon returned because every one against him; still here. This psychosis seems to have some pre-senile traits.

Case 11.—Female; American; single; peddler on the road; fibroid tumor for several years; menopause at 44; at that time depressed; somewhat anxious for four months; not committed; onset six months; gradual; cause, death of mother; inability to work; sleeplessness; anxious feelings; people destroyed; fire would not burn, no kettle; wringing hands; would not lie down. Admitted October 22, 1903; age 49; wailing; doubting everything; everything wrong; further nihilistic feelings; anxiety; watchfulness; "What are you going to do?" "They all suffer on my account." "I am wicked." Fully oriented; alert; great slowness in calculation due to preoccupation; recognized mistakes; high tension of pulse; forcible heart; distress in stomach; flushed face. Discharged recovered April, 1904.

Case 12.—Female; 52; married; one child; domestic; fair education; several previous attacks alleged; ill health for several years; six months ago lost use of lower limbs (no facts); became depressed; wanted to die; attempted suicide; sleepless. Admitted December 5, 1903; oriented; emotional; worrisome; indifferent; subdued anxiety; marked hypochondriacal expressions; defective memory; poor nutrition; contractures of legs; slight wasting of muscles from disuse; active reflexes; soon able to walk; still sad and emotional. Discharged improved.

Case 13.—Female; 46; common school education; married; has seven children; onset three months; cause, change of life; depressed; several suicidal attempts; rapid loss in weight; harping

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on her fate. Admitted March, 1904; oriented; anxious; loud wailing; everything to be published; children lost; constant worrisome queries about food and clothing; regurgitation of food; choking feeling; discharged recovered November, 1904. Patient says six months before admission heard slurs against her daughter; then lost appetite; bad feeling; choking sensation.

Case 14.—Female; 54; common school education; married; six children; good habits; onset one year; depressed; moody; failure in health; recent attempts at suicide; soul lost; spirits followed her; anxious; groaning; refusal of food; fear of poisoning; screaming episodes; suicidal. Admitted April 19, 1904; fearful expression; utter "Ah! Ah!" rapidly; constant moaning; inaccessible. When approached became more upset; spoke of seeing snakes in the wall, in the food; sleepless; continuously noisy; fear of being ground up; world coming to end; seeing children; pushing food away; trembling; clutching her throat; silence; jaw wide open; tongue protruded; rhythmical movements of hands; Lord forbade her to take food; denuding herself; night dress all snakes; gagging; snakes coming out of her mouth; prayerful attitude; said this was the house of the Good Shepherd and in mid-ocean; doubted existence of relatives; tube fed; great anxiety; says she has lost all track of time; asking that her sins be forgiven; regrets having eaten; periods of composure; doubts all assurances; after two months better idea of time and place; very wicked. "Will I be here to-morrow?" Wishes to be alone; worrisome; hesitancy about eating; not wanted here; wrote letter to husband full of doubts for the future; careless as to personal care; sensitive; wishes to be alone; subdued feeling of future punishment with improved general health, appetite, etc., getting along well at home; discharged improved December, 1905. Son recently writes patient is "quite satisfactory; sometimes melancholy."

Case 15.—Female; 48; academic education; married; no children; menses regular; grip at 44; poor health since; onset one year; restless; worrisome; insomnia; poor memory; felt deceived and deserted; suicidal thoughts; difficulty in managing household duties. Admitted May, 1904; marked chronic nephritis; hæmoglobin 80 per cent; worrisome; somewhat anxious; quite uneasy, in and out of bed; asking if it was wrong to suicide; poor grasp and time relations; general memory faults; at times crying,

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screaming and beating her head; complained that articles in the room used to change form; that she heard some one downstairs, often correcting her false impressions; continued complaint of distressed feeling; harping trend with occasional playful and childish talk; soon became quite confused and mistook identity; complained of much vertigo; irritable; resistive; at times, partially stupid; somewhat more composed; improved sleep; frequent irritability; pondering herself, asking for a knife; worried; confused about dress; misjudges actions of others; some fear of harm; at times, singing and joking while saying she was dying; confused periods quite conspicuous; persecutory trend against husband; jealousy; removed by husband; discharged improved August, 1904. This case after admission continued to show a rather conspicuous confused state with an underlying depression; pre-senile traits also rather conspicuous. Subsequently died after series of convulsions.

Case 16.—Female; German; 53 years in U. S.; domestic; always worrisome; paternal cousin insane; one daughter nervous; another daughter acute exhaustive psychosis (puerperal type); at 21 recovered. Patient was deserted by husband several years; struggled to live; onset six months; worried over daughter's condition; failed in health; headaches; sleepless; anxious; suicidal attempts. Admitted October, 1903; dizzy feeling; weakness; precordial distress; pain in head; oriented; attributes trouble to worry over her daughters; seemed perplexed; no hallucinations; continued mild anxiety; boiling water in stomach; gas in body; improved in sleep and appetite; discharged improved January, 1904; menses present.

Case 17.—Female; 56; common school education; widowed; one child; husband morphine habitué; four months previous to admission began to worry regarding daughter's tuberculosis; became financially embarrassed; upon daughter's becoming critical, suffered considerable mental distress; day before commitment bought two ounces of laudanum and drank nearly all of it. Admitted April, 1904; oriented; wished herself dead; talks continually regarding her daughter, fearing she is dead; very tearful; complained of nausea; insight; continued to worry; whining. "I beg of you to tell me, is my daughter living?" Dreams much regarding her daughter; slightly petulant; discharged recovered June, 1904. An affect based upon daughter's illness.

Case 18.—Female; common school education; naturally worrisome; widowed; at 17 had "brain fever" for two months because

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of overstudy; again at 21 after death of father; then said to be unconscious for several weeks; change of life took place at 45; several months nervous; troubled by noises; brain easily tired; could not ride in carriage; easily fatigued; suffered insomnia; onset indefinite; not well since 45; semi-invalid; dependent upon others; two years before commitment husband died; much depressed; became very sorrowful; felt she was not wanted by friends; attempted suicide by cutting legs and remaining in bath tub several hours. When rescued was markedly exhausted. Admitted May 2, 1903; age 52; arterio-sclerosis; hyaline and granular casts; rapid pulse; fatigue; recent wound on leg; oriented as to time; easily moved to tears; referred to unbearable sorrow since husband's death; five months after dreamy state; stared fixedly; muttering talk; muscles in tension; occasional expressions of fear, lasting six hours; then attention could be gained, with difficulty expressing names, etc. No recollection of previous episode; referred to two fainting spells several hours previous; continued quite depressed; occasional complaints of numbness in right arm; year after admission numbness in right hand arm and leg; partial disuse; speech thickened; difficulty in swallowing; deviation of tongue to the right; complete paralysis of right arm within few hours; memory failure; episodes of confusion; peculiar dreamy spells with marked fabrications and disorientation; sometimes actively obstinate; bewildered; marked ideas of reference, hearing whisperings; husband calling; being jeered at; defends herself against accusing voices; irritable; crying, then laughing; marked complaints of queer feelings; (could not describe); attempted to climb out of bed; loss of spacial sense; fear of being killed; out in the snow; body sore from being whipped; subsidence of the above after six months; improvement of hemiplegic condition; more cheerful, though depressed and forgetful; still here.

Case 19.—Female; 57; widowed; earlier years alleged use of alcohol; father and two maternal cousins insane; onset four years; neglect of work; untidiness; depressed talk; confused acts; fear of harm from neighbors; fear of hanging, robbery, of face being cut; resistive. Admitted May, 1904; inaccessible; resistive; hollering "Go away!" Lies curled up; anxious expression; fumbling; bewildered; room full of snakes; some agitation; tube fed; fear of dogs; retractile attitude; cardiac murmurs; subsequently edema. Death January, 1905.

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Case 20.—Female; 47; German; 18 years in U. S.; high school education; married; one child; onset three years; depressed and worried over trifles; became seclusive; fear of impending harm; feeling of great unworthiness; complained of seeing a colored man; saw a wagon load of children going by to be killed; anxiety; everything wrong; sleepless; menses regular. Admitted May, 1904; reduced nutrition; enlarged thyroid; pressure feeling in head and spine; oriented; in and out of bed; peering around corners; hesitates to eat; fear of depriving others of food; doubts all assurances; perplexed for answer; slow voluntary acts; bemoans fate of family; concerned about every ward event; every act of the nurses a serious mistake; resistive; standing about; more assurance; improvement; gain in weight. Discharged recovered.

Case 21.—Female; American; housewife; mother died of phthisis; married; five children; all died early; ill health since 48; five weeks onset; poor health; sleepless; very depressed; religious trend; risen from the dead; marked emotional changes; destructiveness; great decline in weight. Admitted December, 1902; age 50; confused; depressed; poor recollection; self reproach for deeds 30 years back; incipient tuberculosis; rapid improvement; gain in weight; discharged recovered June, 1903. However, continued irritable; month before re-admission, talkative; untidy; burned clothing; refused food; threatening attitude; made assaults; thought poison in food; suicidal thoughts. Readmitted October, 1903; age 51; oriented; good grasp; emotional; whining; marks of self mutilation with a tack; anaemic; trancelike state (feigned); anxious; air hunger; fate of family in doubt; aversion to food,—“It lodges in my throat”; denies letters from home; full of doubt; mystical apprehensive references; irritable reactions; electric influences; fear of enemies; rapid talk; obstinacy; unable to open jaws; inactive for days; worry over every trifle; uneasy; horrible dream about relatives; constant anxious questions; dull; irritable; subdued worry; senseless quiet indifference; out-door treatment; improvement physically. Discharged improved June, 1905.

Case 22.—Female; Canadian; married; one child; mother and sister insane; patient had “two or three” previous attacks; first admission October, 1902; 49; attack of melancholia; six months

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onset; would lie in bed with closed eyes; neglected work; failure of memory. On admission confused; complained of fatigue; depressed voices; constrained attitude; perplexed expression; silent; marked improvement in psycho-motor activity. Discharged May, 1903; got along well at home for three months, then became depressed,—not wanted at home. Readmitted October, 1903; age 50; depressed; anxious; complained of insomnia; refused food because of distress; inactive; indecision; tube fed; bowed head; contrary; exceedingly resistive; hopeless; silent; will not eat in the presence of others; untidy; agitation; people all dead; retractile attitude; petulant; sits on floor; “nerves shaking;” laughs to self; irritable; scolding; indifference; year after admission beginning pulmonary tuberculosis; more irritable; noisy; scolding; inaccessible; rapid emaciation; tube fed. Died of phthisis, July, 1905.

Case 23.—Female; 43; Canadian; 20 years in U. S.; no education; married; six children; onset one month; depression; anxiety; soul lost; suicidal attempt; refused food; refused to talk; sleepless; could see fires burning; severe pains in head and neck; cause menopause. Admitted January 6, 1904; resistive; dazed; unresponsive; eyes half closed; exceedingly slow to respond,—“I can’t think well.” Restless; anxious; monosyllabic expressions; inaccessible as to feelings,—“I can’t think.” Stuporous expression; soiling; constrained; persistent efforts to keep her in bed; muttered inaudibly; occasionally speaks of very depressive hallucinations; two uncles calling; children screaming; markedly autotoxic; resistiveness; standing in fixed positions; occasionally exhibitions of fear; statements of anxious nature; spoon fed; retention of urine; edema of legs; tube fed; scanty urine; hyaline casts; ceased to talk; more retractile; resistive; stupid; moved very slowly within very limited space; occasionally replying briefly; struggling vigorously when dressed; noisy; calling for help; no interest in husband’s visit; slowly and persistently attempting to undress; keeps all fingers thrust into her mouth; eats ravenously on the sly; marked reduction of weight; severe coughing spell. Death within two hours, December, 1905. Autopsy showed large tubercular cavity at base of right lung.

Case 24.—Female; single; common school education; mother, maternal grandmother and paternal cousin insane; at 43 meno-

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pause; worked very hard caring for invalid mother, who was insane when she died (1901); then felt exhausted, nervous, restless, unable to sleep; "spinal trouble;" in February, 1902, ovariectomy; several months unable to walk; more depressed; thought she was given poison; heard noises; had visions; suspicious of doctor; fumes of pepper blown upon her; committed unpardonable sins; "fainting spells." First admission June, 1903; age 45; complained of pain in different parts of body; hysterical complaints; emotional; hypochondriacal; complained of sleeplessness. Discharged improved October, 1903; soon thought relatives were trying to poison her; moved about visiting different relatives; went to bed, refusing medicine because the Lord only could cure her; refused to see relatives; more sleepless; irritable and anxious; crying episodes; harping on misuse and ill health; heard noises; flashes of light before the eyes; numb bodily feelings; appeals to friends by letters. Readmitted April, 1904; age 46; exceedingly hypochondriacal; stomach and bowels loaded; no feeling in face; pulsations and sensations through body; feeling of weakness; hyaline casts; excessive sweating; slight tremors; depressed; anxious to go into details; whining; well oriented; good grasp; good memory; chronically abed; inability to help herself; multitude of hypochondriacal complaints; "loss of sensation;" flesh dead; very depressed; frequent crying; made worse by relatives' visits; harping on her constant suffering. Still here. Many symptoms of chronic exhaustion — neurasthenic state — with disappearance of feeble paranoid trend and rather profound depression continuing.

Case 25.—Female; 54; common school education; married; no children; father died of cancer of stomach; several years patient had been nervous; poor health; recently more depressed; few days before admission, restless; concern; had to be watched; suicidal attempt by drowning; thought someone after her; someone in her room. Admitted August, 1904; feeling of exhaustion; fulness of head; uneasiness across chest; tremulous hands; urine strongly acid; fully oriented; felt as if something awful was going to happen; hard for her to think; feared she was insane; unpleasant dreams; awaking startled; severe crying; petulant; exacting; severe headaches terminating in sobbing; peculiar visual disturbances; objects looked half black; worrisome; more cheerful; singing; again depressed with various somatic complaints, such as ringings in the head, pressure in chest and throat; asked for much

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medicine; little insight; attributes improvement to prayer; very emotional and sarcastic; reserved; by herself; frequent sobbing. Discharged recovered September, 1905.

Case 26.—Female; 59; common school education; married; two children; paternal and maternal cousins insane; cause menopause; onset three months; failure in weight and sleep; worrisome; family destroyed; wild beasts coming; "Oh, the future!" Wringing hands; on the move. Admitted July, 1904; orientation poor as to time; grasp deficient; nihilistic ideas with great apprehensiveness; memory faults; continued fear of the doom of hot furnace; persists in lying on the floor and removing shoes; resistive; retractile; inquiring trend; harpings; considerable improvement; paroled two months; returned with anxious feelings and somatic disturbances about heart and abdomen; called words wrongly; very stupid at times; for three weeks uraemic state; subsequently somewhat dull; volunteered little; depression brought out on questions; paroled September, 1906.

Case 27.—Female; 60; common school education; widowed; onset few months; albumenuria; general failure in health; fear of harm; medicine poison; walking the floor; senseless persecutory trend; peculiar feeling in throat. Admitted July, 1904; apprehensive; running away; hollering to be let alone; did not seem to understand questions; vague hints at conspiracy and of being smothered by gas; replies fragmentary, disconnected and monosyllabic; activity quite prolonged with incoherent expressions of fear; running and hiding; three months after admission severe convulsion with prolonged stupor; improvement; discharged recovered March, 1905, although showed some childishness and memory faults, yet recovered from marked attack of depression.

Case 28.—Female; 40; taught school 13 years; married at 30; five children: naturally low spirited; has lived a rather monotonous life; health rather indifferent; in October, 1903, had a miscarriage; April, 1904, "stomach trouble," which continued; soon afterwards became depressed; felt unworthy; conscience calling her; incapacity for work; sleepless; was the cause of the world being wicked; no pardon; rapid loss in weight; no desire for food. Admitted June, 1904; poorly nourished; marked emaciation; skin dry; haemorrhoids; complained of great fatigue; oriented; monosyllabic; soon self accusative, readily leading to anxiety and

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plentiful exclamations; perplexity in applied work; complained of unpleasant dreams, children drowning; subsequently apprehensive; restless; slight hallucinations of hearing telling her she will live to confess her crimes; too wicked to eat; spoon fed; whining; home-sick; readily in tears; too wicked to wear clothes received from home; upset by letters; improvement; worrisome; anxious about children; great gain in weight; still depressed. Discharged improved December, 1905. Recent report from husband says patient better since birth of baby.

Case 29.—Female; 44; common school education; married; three children; sister insane; mother unbalanced for a month and died of cancer; patient's menses irregular for the last year; naturally fussy, irritable and easily worried; had miscarriage one year before admission; was told she had cancer of the uterus; began worrying; unusual religious zeal; six months before admission more depressed; silent; prayerful; refusing food; improvement; five months before admission great excitement; delusional references; after administration of repeated doses of morphine unconscious; no control over bowels; delirious one week; some exhaustion and stupor; improvement; then thought husband immoral; rapid emotional changes; suicidal attempts. Admitted September, 1904; poorly nourished; pulmonary emphysema; markedly autotoxic; grief expression marked; looked about apprehensively; easily startled; compliant; volunteering nothing; indifferent; monosyllabic in replies; fairly good grasp; inconsistent account of past; much puzzled over calculation; (no special effort) **writing very slow**; voluntary actions likewise; depressive hallucinations of hearing not well explained; constant reiterations; "I want to go home." Subdued anxiety; out of bed; shallow suicidal attempts; bewildered; sometimes showing considerable affect; "Are my children murdered?" muttering to self; soiling; resistive; bewildered episodes frequent; queer somatic references; could not eat because feet were at her head; something biting her feet; mute; retractile; spoon fed; feeble intimation of harm,—prison,—soul lost; pulling bedding; confused acts; would become lost and could not find her bed; irritable; marked reduction in weight; incoherent low toned utterances; failure in strength; otitis media; conjunctivitis; cellulitis of scalp; marked interstitial nephritis (albumen and casts on admission); vomiting attack; few hours afterwards rapid failure and death, May, 1905. Autopsy showed flabby

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heart muscle, spleen soft, capsules of kidneys adherent, cortex diminished, markings indistinct.

Case 30.—Female; Canadian; 12 years U. S.; common school education; married; 10 children; mother and three brothers insane; at age of 30 house struck by lightning; patient rendered senseless; subsequently hair came out; more or less nervous since; at age of 40 suffered shock because of burning of house; not well since; definite onset seven months during climacteric changes; depression; anxiety; neglecting work; complained she could not do things; fear of terrible doom for herself and children; abed; eating little; had to be catheterized; excited episodes of destructiveness; peculiar hot and cold feelings. Admitted September, 1904; age 45; resisted physical examination; copper colored stains over shoulders and chest; rapid heart; restless; anxious; removing clothing; inaccessible; incoherent, depressive utterances; later slightly responsive; speaking of teeth being pulled, electric wires about her; vague as to personality; continually picking at her teeth; soon inattentive; fragmentary disconnected talk with references to somatic disturbances; stomach twisted; choking; "That awful stuff that runs through my head." At times, would answer some questions; gave alphabet in seven seconds; counted rapidly, bursting out into depressive talk; worried about children; tearful; continued to express more absurd somatic ideas; holding saliva; eats well though insisting she is choking to death; replies irrelevant; depressive harping; wailing; restlessness; trembling; spasmodic torticollis; standing in the middle of the ward appealing to every one; querulous; following nurses; complained of iron in her neck; head like ball of fire; slovenly; wires through body; monotonous reiterations; stealing food; soiling; ravenous appetite; bones burned in the pit of hell; subdued emotion; profuse menses; screaming; complains of nurses tearing flesh from bones. Still here.

Case 31.—Female; single; common school education; housekeeper; good habits; at 30 (1890) a depression of unknown onset; reticent; wandering; filthy; obscene; sleepless; intimates she has suffered a great sorrow; at Utica State Hospital, mute; filthy; resistive; tube fed (fair nutrition); soils; hemorrhage from bowels; begs to be killed; attempts to steal knife; later eating; occasionally talks; again resistive; confused; suicidal expressions;

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employed; cheerful; improvement in health; discharged recovered after one year; present psychosis: age 44; caused by death of father; onset six months; thought she had neglected father; clamorous; annoying; did wrong when young; restless; sleepless. Admitted May, 1904; actively anxious; resistive; loud harpings; "Why did I do it?"; wanted to be killed; shy of food; clinging to nurse and pushing her away; fearful of harm; pulling her hair; crouching in corner; struggling when approached; clamorous when left; tube fed; retention of urine; bluish extremities; destructive; continual fear. "I am not hungry." Sitting on edge of bed in constrained postures; holds herself rigid; continued marked insomnia; scattering food; irritable; nihilistic ideas; brief composure; wrote intelligent letter; some pride in dress; soon clamorous, resistive, destructive; watchful of chance to escape; suicidal attempts; frequent glass breaking; negativistic traits; constant restlessness; alert; observant; crying and screaming spells; assaults; teasing to go home; constant and senseless attempts to get away. Still here.

PARANOIC CONDITIONS

Case 1.—Male; 46; single; American; father suicidal; various occupations; unstable in school; changed occupations; in numerous lawsuits; arrested; past six years sensitive; hallucinations of hearing; delusions of persecution; retrospective falsifications; quite a degree of systemization as to conspiracy against him. Admitted January 26, 1904; personality well established; great wealth of systematic persecutory ideas dating back six years to the voice of a Jesuit priest, warning him of a conspiracy; picked out many proofs for 30 years back; has others, especially Jesuits, to help him overthrow the conspirators by the means of the "multiscope"—a machine whereby one person carefully manipulating it may by his will control the acts and thoughts of another person even hundreds of miles away. Unfortunately, same machine is used by conspirators to give himself bodily discomforts. Multiscope caused his failure in business; frustrated other plans; trend continued essentially the same; threatens authorities with multiscope; takes peculiar forms of exercise to keep away bodily annoyances; writes much; intends to write a book; escaped November, 1905. Readmitted September, 1906.

Case 2.—Male; 44; Scotland; college education; married; clergyman; good habits; sister insane; onset 12 years; peculiar

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religious ideas; irascibility; poor judgment; queer sexual notions. Admitted April 26, 1904; oriented; evasive systematized socialistic trend; pessimistic reasoning, concerning the future of mankind; querulous; suspicious; no evidences of hallucinations; improved; employed; escaped from premises. Discharged improved September, 1904.

Case 3.—Male; 39; American; married; education limited; farmer; cause, debts and business trouble; thought everyone against him; being watched; threatened to retaliate, even to shoot; easily excited; dizzy and uncomfortable head feelings. Admitted August 17, 1904; composed; oriented; showing fairly well formulated delusional trend, dating back to money due him for work and result of lawsuits; felt change in wife's attitude; slight retrospectiveness; hallucinations doubtful; after a month sudden emotional crisis, crying an hour; saw things more clearly; good insight; said that formerly he had a burning pain across his head affecting his sleep and thoughts; now felt clear in mind; charged his condition to ill health and worry over debts; slight feeling that no one cares for him; occasionally crying spells; marked improvement as to activity and more ready thought. Discharged recovered February, 1905. Readmitted September, 1906. Jealous trend towards wife.

Case 4.—Male; 45; American; single; railroad watchman; common school education; temperate; at age of 30 lost vision of right eye; in 1902 operated on for psoas abscess; at age of 44 (December, 1903) buildings in his charge burned; became suspicious of his workmen; thought himself talked about and criticized for the event; ideas of reference on seeing people talking together; demanded investigation; after two months gave up his work; thought himself still employed as detective. Admitted August, 1904; complained of dizziness and headache; autotoxic; oriented; good memory; showed rather systematized trend based on fire incident with retrospective falsifications; thought himself still employed by company; peculiar episodes of laughter, whispering to himself and not talking because of fear of insulting others; suspected auditory hallucinations; inaccessible regarding past. "They will all know later;" angry if questioned with delusional references concerning those on the ward; litigious references; enormous eater. Discharged unimproved April, 1905.

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Case 5.—Female; 60; German; 20 years in U. S.; widowed; two children; domestic; onset three years; suspicious; hallucinations; exalted state; irritable episodes; attempts to burn house; marked neglect of person. Admitted November 4, 1903; fully oriented; suspicious; evasive; sudden assaults; fear of chloroform; personality changed; reads much; hallucinations of hearing leading; will not allow any one near her or sit beside her; very observing; inaccessible; scolding when addressed with persecutory references; memory seems good. Still here.

Case 6.—Female; single; common school education; naturally morose and fault finding; hard to get along with in early life; sister and brother insane; father suicided. Patient dissatisfied with father's will; troublesome; litigious for several years; writing threatening letters; thinks father's will was forged; made different threats; loud talk on streets; abusive; bought revolver. Admitted March, 1904; age 67; oriented; great detail relative to deprivation of her rights and the attitude of people in general; good memory; no hallucinosis; precise; supercilious; wilful; attitude of those about her not satisfactory; demands long interviews with authorities. Still here.

Case 7.—Female; high school education; married; two children; early life normal; age of 46, depression; religious misgivings, people conspiring against her; peculiar feeling over body like electricity; seclusiveness; reticence; thought food poisoned; had to be tube fed; active; alert, oriented; discharged unimproved after two and one-half years. Readmitted April 22, 1904; age 53; while away from institution poor working capacity; two weeks before admission violent outbreaks, assaulting husband, running out of house at night because of electric sensations and being controlled by various persons; upon admission, suspicious, sarcastic, inaccessible; thinks electricity in her pillow; retrospective falsifications; will not allow any one to touch her; silent and sits in rather fixed attitude; electricity in head and chair; irritable and scolding; suddenly rises from chair; makes peculiar turns about ward; obstinate regarding bath; peculiar conduct at the table; occasionally assaults when anyone passes close to her chair; talks in whisper; occasionally gestures with hands; occasionally brief, noisy utterances relative to her past history as if defending herself; frequently obscene. Still here.

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Case 8.—Female; 42; common school education; went to school until 13; did well; competent servant, working in one place 23 years; onset one year; ill health at menopause; grew rapidly gray; desire to work; unable to remain quiet; complained of fatigue; increased weariness; worried about domestic details; careless about duties; irritable; thought family talked about her and tried to poison her; her earnings lost; threatening attitude; crying; every one tried to deceive her; fear of arrest; assault upon relatives; every one to share her misfortune; failure in nutrition. Admitted September, 1904; unreasonable; felt deceived; irritable to attention; oriented; somewhat depressed; lowered nutrition; deficient sleep; irregular appetite; continued restless; closely observant; suspicious as to relatives; considerable retrospective falsifications; soon hostile towards authorities and nurses; feelings of influence; said she came here to get government bonds; mistakes physicians with retrospective delusional accounts; hallucinations of hearing, some one calling her; sudden peculiar actions; obstinate; struggling when undressed; said people were being chloroformed; laughing; actively delusional regarding acts of every one; refused to eat for a time (no reason); tube fed; personality affected; "Wherever I am I am first; every one is to obey me." Insolent; threatening; gives important orders; others wearing her clothing; hears announcement that she has received large sums of money. Still here.

Case 9.—Female; German parentage; 44 years in U. S.; married; three children; several years ago two injuries to head; at the age of 66 first psychosis; onset nine months; excitement; delusional trend towards relatives; fear of harm from them; daughter immoral; house full of negroes; probable hallucinations of hearing; everything a trick,—she being robbed. Admitted July, 1902; aortic murmur; chronic ulcer on leg; oriented; suspicious; hallucinations of hearing; apparent freedom from delusions. Discharged recovered, November, 1902. However, soon after very excitable; persecutory trend against relatives, talking about robbery and theft; powder sprinkled over her. Readmitted April, 1904; oriented; good grasp; voluble; said she was deprived of her property; further persecutory trend in regard to relatives; also peculiar somatic feelings; sexual trend; hallucinations of hearing probable; charge of every one in the hospital; irritable; constantly demanding release because rich man waiting to marry her; answering voices from wall; memory intact. Still here.

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DEMENTIA PRÆCOX PSYCHOSES

Case 1.—Male; single; American; farmer and soldier; brother insane; habits good; cause malaria at Luzon, P. I., in 1899. Soon after was morose, despondent, unsociable, self absorbed, indolent, wandered about; no concern as to commitment. Admitted May 19, 1901; age 25; silent; would sit for hours; assault if urged to move; refused to speak; refused food; obstinacy marked; removes clothing; laughs to self; later worked in silent mechanical way; inaccessible; untidy; paroled June, 1902. Readmitted October 10 1903; age 27; got along well at home until April, 1903; then became depressed, excitable; would do peculiar things; would not speak to relatives; indifferent about work; had a silly smile. At institution refused to respond; resistive; stands in military attitude; slovenly habits; fixed expression; tendency to catalepsy; explosive laughter; taken home by mother February, 1905. Recently readmitted; dilapidated.

Case 2.—Male; 39; widowed; laborer; imbecile; moderate user of alcohol; few days before admission violent; had many religious ideas; in close touch with God,—eating supper with Him, touching His hands; attacked those about him; became destructive. Admitted October 20, 1903; exalted; tore clothes from bed; refused food; subsequently, several severe convulsions; confused; resistive; restless; clapping hands; irritable; answers voices; finally answers only in writing; said God made him deaf and dumb; mannerisms of expression, attitude, gait, method of approach, etc.; draws pictures with senseless detail; periods of irritability. Still here.

Case 3.—Male; 27; single; American; laborer; habits good; cause, self-abuse; few days before admission (poor history) expressed suicidal ideas, yet was silly in talk; unkempt; unsociable; seclusive; not worked for years. Admitted October 27, 1903. Markedly indifferent; silly expression; elaboration laconic; muttering words over and over again; would repeat peculiar acts; probable hallucinosis; passed into quiet dilapidation; sudden outbursts of laughter; assumes constrained attitudes; filthy in habits. Still here.

Case 4.—Male; 32; single; German parentage; 18 years in U. S.; cigar maker; cause unknown; five years peculiar; tramp

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life; filthy habits; violent outbreaks; suspicious; silly notions. Admitted November 20, 1903; oriented; hallucinations of hearing; mannerisms; senseless talk; absurd delusions; laughs to self; removed by friends. Discharged unimproved December 17, 1905.

Case 5.—Male; 29; single; American; farmer; maternal aunt insane; age 20 typhoid fever; onset two years; gradual; depression; excitement; poor working capacity; wandered from home; more recently excitable with senseless run of talk; queer antics. Admitted December 25, 1903; continual run of senseless talk with distractibility; no real flight; inaccessible as to orientation and memory, giving negative answers; silly laughter; no motor activity; repeats things overheard; mutism and constraint; mannerisms; stereotyped ways; indifferent. Still here.

Case 6.—Male; 27; single; American; machinist; cause injury (?); onset seven months; several previous attacks: "head full of voices;" suicidal expressions; indolent; wandering; alcoholic; peculiar conduct. Admitted January 27, 1904; marked indifference; silliness; seclusiveness; queer voices; stereotyped acts; senseless utterances; paroled. Discharged improved May, 1905.

Case 7.—Male; 33; American; laundryman; good habits; onset two years; deserted family; eloped with another woman; led tramp life; while in Buffalo clamored for knife to kill himself; talked with witches; senseless and silly phase. Admitted to Buffalo State Hospital December 1902; talked of witchcraft and spirits; impulsive acts; transferred to this institution March 7, 1904; oriented; senseless laughter; mannerisms; name changed; introduction of strange words; stilted demeanor. Still here.

Case 8.—Male; single; laborer; got along well in school; first admitted at the age of 20; onset four weeks; restless; confused; irritable; threatened to kill himself; sinful; queer somatic interpretations; violent at institution; soon improved. Discharged recovered December, 1899. No account of patient up to three months of readmission, April 15, 1904; age 25; "bilious attacks and fainting fits;" then became depressed; monosyllabic; indifferent; occasionally resistive when being transferred. On admission, senseless elaboration; harked indifference; mannerisms; stereotyped traits; senseless handwriting; soiled; tendency to fixed attitudes; hallucinations unascertainable. February, 1906, be-

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came very stupid; noisy; incoherent; obstinate; persistent undressing; continued feeble; falls frequently; throws himself recklessly; frequent bruises. In June, 1906, marked twitching of right face and arm, drawing head to the right; series of general convulsions; no statement as to paralysis. Death July, 1906, of cerebral hemorrhage and chronic nephritis. Hyaline casts on admission; no history of epilepsy till second admission.

Case 9.— Male; American; single; common school education; clerk; mother recovered from four attacks of manic-depression; aunt and cousin insane; father peculiar; two sisters unruly; patient, at age of 16, became excited, impulsive, fear of being killed; seemed bewildered; emotional, wringing hands, resistive, filthy, mischievous, destructive, frequently masturbating; obscene; full of talk without special trend; more composure. Recovered July, 1902; duration six months; got along well at home until age of 19, although was recognized as somewhat unstable; onset four months; somewhat restless, fickle at work, had some misgivings, would brood for hours; tendency to wander away; opened railroad switch; threatened violence to family; hostile towards neighbors; confused; resistive about being dressed; senseless requests; assuming strange attitudes, staring, grinning and talking to himself. Admitted April 25, 1904; poor circulation, reduced weight; catalepsy; autotoxic; senseless; silly grin; explosive laughter; inaccessible because of foolish notions, yet at times showed surprising grasp and institutional knowledge; knew physician; seemed much perplexed; stereotyped replies; marked negativism; spoon fed; apprehensive; sudden yelling; some stupor; gained in weight; improvement; now clear, trusty, useful, parol of grounds. Discharged recovered October, 1906.

Case 10.— Male; 24; American; single; good habits; got along well at school; sister insane; in the spring of 1902 general ill health; had slight love affair; became slightly despondent; developed instability; senseless trip to California to look into the citron industry; while there read in a newspaper of a murder; thought he was watched in consequence; upon returning home continued indolent; reading Bible; had queer plans as to trading projects; desire to present views formally to the public; erratic; silly. Admitted May 10, 1904; good health; oriented; laconic; smiled broadly; asked senseless questions; elaboration showed ten-

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dency to incoherence; many stilted expressions; later stereotyped acts; vague somatic complaints; unaccountable acts; certain mannerisms of expression; disappearance of delusional trend; at no time apparent hallucinations. Still here.

Case 11.—Male; single; common school education; farmer; good habits; grandmother insane; brother died here of dementia praecox; father alcoholic; at age of 15 patient had nephritis; at 22 in penitentiary because of stealing railroad tickets; at this time, senseless elaboration with queer conduct; silly laughter; negativism; nephritis marked; in care of relatives for a year; delusional. Admitted, at age of 26, June 9, 1904; dilapidation of thought; mutism; senseless elaboration; catatonic traits; negativism. Died of typhoid fever May, 1905.

Case 12.—Male; 21; single; American; common school education; learned with difficulty; farm laborer; temperate; half sister dementia praecox; several relatives tubercular; coughed since spring of 1903; became depressed February, 1904; sleep broken because of bad dreams; contemplated suicide; vague auditory hallucinations; laughs foolishly. Admitted July 2, 1904; poor nutrition; pulmonary tuberculosis; oriented; good grasp; marked indifference; mannerisms; stereotyped movements; poor reaction to auditory hallucinations; sexual ideas; dilapidation. Still here.

Case 13.—Male; 26; American; single; good education; postal clerk; good habits; half brother insane; father died of tuberculosis; onset two years; peculiar ideas concerning young ladies; queer conduct; seclusive; peculiar marriage and religious ideas; suddenly left position; wandered about; feared harm; hid in the woods. Admitted July 23, 1904; inaccessible; vague religious notions with fear; well oriented; apathy; peculiar stereotyped acts and expression; escaped from institution; discharged unimproved September, 1904.

Case 14.—Male; American; single; college education; lawyer; temperate; industrious; three years in Philippine army service; while there alleged heat stroke; three months thereafter in government hospital; condition of acute mania; had grandiose delusions and auditory hallucinations; apathetic. Discharged improved after nine months (May, 1903); continued excitable; indolent; more erratic after father's death, July, 1904, roaming about; laughing to himself; incoherent talk; feelings of influence; pe-

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culiar gestures. Admitted August 9, 1904; age 30; dermatographia marked; markedly quickened reflexes; senseless elaboration; egotistical; exceedingly irritable; senseless auditory hallucinations; mutism and laughter; stereotyped movements. Still here.

Case 15.—Male; American; single; common school education; laborer; temperate; measles at 18 followed by grip (1896-7). Shortly afterwards very active, quarrelsome, irritable, many imaginary schemes; after six months admitted; age 19 (September, 1897); irascible; pressure of activity; soiling; contrary and negative traits; rapid gain in weight. Discharged recovered May, 1898; soon became nervous; slight business worries; running down in flesh; attack of indigestion; despondent; seclusive; lost manhood. Readmitted August 26, 1904; age 26; sullen; inaccessible; eyes closed; lies curled up; "Leave me alone." Oriented; says he is dead; negativistic traits; vomits when tube fed; self mutilation; filthy; hallucinations not found; remission of symptoms, though pessimistic, surly, unsocial; paroled August, 1906.

Case 16.—Male; 30; American; single; limited education; laborer; alcoholic; unknown period of tramp life; alleged sunstroke several years ago. When arrested indifferent; inaccessible; talked about railroad to Chicago; attempted to kill keeper when cleaning cell; strange attitudes; odd performances. Admitted September 2, 1904; indifferent; stream of thought loose; mannerisms of expression and conduct; repetition of motion; silly laughter; dilapidation. Still here.

Case 17.—Male; 31; German; 10 years in U. S.; single; limited education; temperate; poor history; from his account ill in hospital, September, 1901. Shortly after sent to pocr-house; was noticed peculiar; inaccessible; mute; very dull. Admitted September 16, 1904; deformed palate; markedly indifferent; inactive; monosyllabic; cataleptic; stereotyped method of expression; peculiar facial grimaces; explosive mirth; sudden impulsive acts. Still here.

Case 18.—Male; 21; American; single; common school education; carpenter; brother and sister died in status epilepticus; onset one year; physical reduction; foolish and flighty talk; silly phases; facial grimaces; commands from voices. Admitted September 25,

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1904; silly reaction to senseless hallucinations; flighty talk with peculiar words and expressions; unaccountable acts and attitude; pulmonary tuberculosis. Still here.

Case 19.—Male; single; American; no occupation; poor history; learned to read and write; when 10 years old had beginning weakness of left leg and arm with beginning deafness of both ears; paralysis complete for a month; then was able to work; hand remained crippled. Year before admission (age 20) fell in love with a girl who passed his house; had episodes of violence because he saw her with others; constantly wrote her letters; became much excited about certain stories (hallucinations) circulated concerning him; became somewhat forgetful regarding duties. Admitted November 26, 1903; no special systematized ideas; denied many essential facts; physical condition showed left hemiparesis of arm and leg with atrophy and increased tendon reflexes; left Babinski; some dullness of hearing; cause of hemiparesis not determined; continued simple; rather inaccessible; obstinate; obscene; excitement marked; hallucinations of hearing; always asking to go home; assaults; imaginary insults; explosive, silly laughter; senseless complaints; sexual trend. Still here.

Case 20.—Female; American; no occupation; single; good heredity; common school education; rather quiet and reticent; well until 17; extremely nervous; remained out of school; at 18 sudden excitement; constant talk; senseless actions; rude conduct; great restlessness; quick emotional changes; obstinate; committed within a month; excitement soon subsided; condition of marked hebetic; became more natural. Discharged recovered; entire duration six months; remained well for a short time; return of essentially former symptoms with considerable silliness and explosive laughter; strange facial expressions; inattentive; was re-admitted within six months (May, 1896); indifferent; whimsical; use of strange words; senseless elaboration; lack of interest; mysophobia; contrary traits; senseless replies; sudden assaults. Discharged improved September, 1897. Readmitted November 11, 1903; age 26; in interim was considered far from normal; more recently destructive, noisy, filthy, negative, peculiar facial grimaces; senseless elaborations; peculiar manner; poor reactions to hallucinations of hearing; constrained attitude; sudden assaults; peculiar words; glutinous; increase in weight. Still here; marked dilapidation.

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Case 21.— Female; single; 19; monotonous narrow life; mother here, recovered from acute maniacal attack, although tubercular, died of phthisis later; six months before admission patient became despondent; wandered aimlessly; became lost; silent; perplexed; neglect of self and house. Admitted November 20, 1903; resistive; mute; not observant; moved away, when approached; simply touched fingers in shaking hands; oriented; indifferent; thought her lips closed; suspicious of food; peculiar motions; increased mannerisms, negativism; explosive mirth. Still here.

Case 22.— Female; 18; at age of 13 very irregular menstruation; naturally vivacious; at 12 had measles; insane for a short time; present onset eight months; queer talk and conduct; sexual trend; uninterested in usual matters; slovenly; deficient sleep; uncomfortable bodily feelings. "Married to the King of Heaven." Exalted religious trend; hallucinations of hearing thunder, bells, etc.; much laughter; occasionally praying. Admitted January 12, 1904; inattentive; garrulous; silly; incoherent exalted trend without motor activity or flight of ideas; oriented; frequent laughter; sexual trend; senseless hallucinations of hearing; peculiar syntax; stereotyped expression; physically, good health with numerous vague subjective feelings; facial acne; limited elaboration; lying about; explosive laughter; marked indifference; untidiness; no menses since admission; discharged unimproved October, 1904.

Case 23.— Female; 30; Canada; 10 years in U. S.; common school education; naturally rather dull and sullen; married at 22; two children; mother and paternal grandmother insane; onset seven years; some time after confinement more irritable; no regard for baby; cruel towards child; slovenly; marked neglect of work; hostile attitude; reticence; obstinacy. Admitted January 23, 1904; inattentive; indifferent; vague; monosyllabic; slightly autotoxic; albumenuria; poor nutrition; ill-defined delusions of suspicion; hallucinations probable; vague intimation of somatic disturbances; peculiar facial expression; negative traits; irritable reactions; complained of choked up feeling; indifferent statements that her soul was doomed to hell; holding saliva in mouth; tube fed for a time; stereotyped utterances; constrained attitude; walks along particular lines in carpet; avoids rugs; persistently stands by doorway; failure of health; tubercular bacilli; died of phthisis November, 1905.

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Case 24.—Female; 29; common school education; married; confined in February, 1904; marked albumenuria; month later marked excitement and violence; rapid emotional changes; apparent hallucinations of hearing and sight; fear of poison; delirious talk; did not recognize relatives; suicidal attempts; severe struggling. Admitted April 16, 1904; albumenuria with casts; scanty urine; heavily coated tongue; poor nutrition; restless; inattentive; incoherent, rhyming talk; shouting; peculiar constrained attitudes; marked contrary traits; senseless elaboration; tube fed; periods of silence; inaccessible; occasional replies; retention of urine; muscular tension; sudden irritability; soiled bed; pulling hair over face; senseless suicidal attempts, choking herself and attempting to swallow spoon; fixed attitude; singing loudly; lay in bed with face in pillow; retention of saliva; cerea flexibilitas; sudden flow of incoherent, obscene, noisy talk, quick assaults; ravenous eating; removal of clothes; mutism; stereotyped acts; foolish rhyme.

“And I thought I had a darling.

She asked me for my name.

I told her it was Frankie

And I said I was the same.

I was afraid to go at midnight.

I did the best I could,

And attended to my business as anyone should.”

Still here. For a time considered an infective-exhaustive psychosis.

Case 25.—Female; common school education; married; two children; father alcoholic; at the age of 31 became somewhat indifferent and worrisome over recent death of son; complained of peculiar bodily feelings; at 33 was confined; soon peculiar acts; unable to accomplish work; lost regard for family; spoke of hearing voices; thought food poisoned; feared injury; excitement with violent tendencies and scolding; crying episodes. Admitted November, 1902; age 33; was indifferent and contrary; thought people were about her bed; mystical ideas of influence; inaccessible; demanded medicine and refused it; silly laughter; discharged unimproved October, 1903. Re-admitted April 26, 1904; continued indifferent and indolent; frequent delusional references about influence upon her body,—her hair, her stomach and food;

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mesmerized while asleep; severe pains in head; alternate laughter; peculiar somatic conditions, blood drying up, face not natural, things tasted like lye; poorly formed delusions regarding husband; further varied feelings; blood sucked from body at night, which explains great weakness; blood injected into her; soap in food; bond carried elsewhere at night; teeth felt queer; physically, anaemic; chronic gastritis; urine alkaline; nausea; subsequently irritable; silly laughter; further somatic reference; abdomen caved in; salivation; mouth stretched; body dry inside; features changed at night; further senseless trend with scolding episodes; developed tuberculosis. Still here.

Case 26.—Female; common school education; married; three children; anaemia at 13; at 28, one month before birth of child, acted strangely; complained of dull pain in her head; cut off her hair; mysterious message from God; refused nourishment; threatened suicide. Admitted September, 1903; age 28; feelings of influence and mesmerism; other somatic reference; heart stopped beating; feeling of death; going to heaven; feeling of exaltation; body and voice changed; felt unreal; when eyes were closed saw visions of heaven; inactivity; obstinacy; boisterous laughter; fixed attitude; severe crying; continued emotional changes; improvement; discharged recovered April, 1904. While at home neglectful of household duties; suddenly angry, breaking dishes; emotional upsets. Readmitted May 7, 1904; age 29; oriental; unconcerned; vague; unstable as to any application; drifting, careless answers, yawning and looking away; complained of bad dreams; scolds about husband; reasons out she has been drugged; irritable; offish; looking out of window, laughing much; often singing loudly; senseless elaboration, often going to bed; angry; profane outbreaks; still here.

Case 27.—Female; English; in U. S. 11 years; common school education; ill-temper; married; two children; father alcoholic; cousin epileptic; at 25 confined; soon peculiar conduct; depressed; lost interest in things; complained of headache; violent reactions; would wander and become lost; sleepless; fear of death; suspicious of food; senseless replies; fits of laughter; admitted May, 1903; age 26; resistive; silly; inaccessible; untidiness; marked inactivity; some improvement; removed April, 1904, by husband; soon returned (May, 1904); violent dislike to relatives; assaults; refusal to work; peculiar facial grimaces; retention of

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urine; peculiar wordings in vague answers; impulsive acts; constrained postures; arises when others sit; eating when not observed; standing in corners; sudden assaults; still here.

Case 28.—Female; 20; single; American; domestic; at the age of 20 became a nun; naturally quick tempered and stubborn; early menses irregular; comes from a family of low order of mentality; two previous attacks alleged, but probably brief outbreaks of temper; definite onset one month; depressed; suppression of menstruation; contemplated suicide; brooded over remark that she was pregnant; considered such a deserved punishment removable at priest's will. Admitted January, 1904; well oriented; good grasp; felt queer all over; suppressed menses six months; talked freely regarding self; some excitement; very devout; sensitive; easily angered; enjoys religious arguments; considerable hebetude at times; menstruation resumed; peculiar thoughts sprung up in her mind, giving her to understand that she is atoning; improvement; gain in weight; discharged recovered; recently patient readmitted; superficial depression; feeling of poison and influence; queer somatic discomforts and silly phase.

Case 29.—Female; 26; common school education; single; nursemaid; onset one year; became timid; feared something was going to happen; talked about; not wanted; spent money foolishly; voices accusing her; sleeplessness; escaped from home at night; sudden assaults on relatives; muttering to self; silly laughter. Admitted July, 1904; poorly nourished; anæmic; malformed chest; torus palatinus; oriented; compliant; explosive laughter; vague as to facts; elaboration loose and drifting; vagueness and indifference as to hallucinations of hearing; lying about; irritable; impudent; discharged improved March, 1905; subsequently observed with mannerisms and almost incoherent elaboration.

Case 30.—Female; no education; married; one child; sister insane; at age of 36 (1891) hallucinations of hearing; suicidal attempts; refused food; suspicious; resistive, silent; tube fed; catalepsy; swift assaults; senseless talk; discharged improved January, 1904. July, 1904 (age 49) returned because of delusions of poisoning; violent outbreaks; episodes of stupor; stereotyped expressions; marked indifference; works mechanically: still here.

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Case 31.—Female; 21; common school education; single; always peculiar; refused to go to school after 14; brother imbecile; maternal grandfather insane; parents low type; onset three weeks; shortly after working at millinery trade unable to accomplish work; worried; inattentive; gave up work; periods of laughing and singing; incoherent talk; stood about abstractedly; became "mixed" over little efforts; queer conduct on the street; called herself "Queen of Grant street"; wanted to go on the stage; filthy habits. Admitted August, 1904; oriented; inattentive; reckless in answers; frequent silly laughter; loose, vague trend of thought; listless; urged to eat; explosive laughter; hiding behind doors; stands and gazes; puzzled while looking at fingers; has to be cared for; attempts to talk; seems at loss how to begin; constrained attitudes; muscular tension; hearing screaming; removed by relatives; returned in condition of marked dilapidation; negativism; peculiar motions; sitting in one position for hours; destructiveness; persistent removal of shoes; still here.

• *Case 32.*—Female; common school education; single; domestic; at 13 menses; queer for a time; lacked ambition; untidy; poor working capacity thereafter and general indifference; at 20 more marked traits; felt as if every one was against her; had peculiar somatic complaints; could not breathe; queer bodily feelings; felt as if struck on head; frequent angry episodes; increasing queer notions; her brain was cut; childish acts; disregard for relatives; senseless talk. Admitted September, 1904; 33; poor nutrition; inattentive; indifference; inaccessible as to grasp and past events; has to be urged to speak; subdued apprehensiveness; hallucinations unascertainable; periods of sudden excitement and screaming, biting herself; pulling her hair; obstinate; extreme apathy; inactivity; senseless utterances; dilapidation; still here.

Case 33.—Female; 32; common school education; married; one child; in March, 1903, had a miscarriage; subsequent frequent headaches; scanty menses; onset one month; worrisome: laughing; crying; irritable; thought neighbors poisoning her; neglect of child; thought the sun X-ray; after attending circus tried to imitate performance; restless nights; complaints of unpleasant hallucinations, of hearing; peculiar notions about eating. Admitted July, 1904; oriented; indifferent; poorly guided by questions; fretful; whining; restless; easily angered; slight auditory hallu-

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cinations; hearing name called; "peculiar noises"; frequent excitement; slight feeling of unworthiness; required urging to eat; sobs frequently; elaboration drifting and rather vague; queer references.—"drops of blood shed from her;" gives few facts concerning condition; whispering to herself. "has bad disease and lice"; later hallucinations of hearing more common, though vague interpretations; prayerful attitudes; inattentive; dull states; mutism; pantomime; voices about her bed; filthy and resistive; doing opposite to what is asked; days of composure and employment alternating with highly emotional states and sobbing; demands that all things be straightened up. "My blood is thin." Struggling at doorways; whining; received relatives pleasantly; homesick; paroled; much more contented; discharged improved January, 1905.

Case 34.—Female: common school education; married; no children; troubled with headaches since a child; naturally suspicious and morbid; father peculiar; one brother alcoholic; another brother eccentric; at 24 depression of three months onset; things gone wrong; fear of desertion; seeking physicians; suicidal threats and one attempt; marked reduction of weight; continued sadness with activity; everything queer; felt that husband was seeking divorce; standing about bewildered; occasionally laughing to herself; will not open letters; resistive; occasionally assisted with work; more resistive; eats sparingly; whining reiterations; attacks of nausea; feebleness; excited periods; discharged unimproved, October, 1900. Readmitted after four years (July, 1904) at age of 29, having continued indifferent at home; several months before readmission neglect of self; senseless delusional trend; hearing voices; answering back; wishing to leave her home because of horrible stench of burning flesh; obstinate. On admission, very poor nutrition; marked indifference; silly facial expression; peculiar motions of hands and feet; answers monosyllabic, usually, "I don't know." Vaguely admits hallucinosis; constrained attitude; holding and pinching nose; laughs heartily; ravenous appetite; silly delusional trend; marked physical failure; prolonged diarrhea; death June, 1905. Autopsy showed recent consolidation of left lung, lower lobe; small intestine injected; mucous membrane normal; mesentery glands enlarged.

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Case 35.—Female; 28; single; common school education; naturally sensitive; hard to learn; onset two months after death of mother; grieved; became nervous; hearing voices; strange actions; several attempts to leave home; wandering about at night; dressing and undressing; talked with dead mother; suicidal attempt; aimless fussing with hair. When brought to institution obstinate, frequently undressing; muttered senseless talk; smiled to herself. Admitted September, 1904; reduced nutrition; orientation fair; careless in answers; drifting talk; inattentive; inactive; marked ideas of influence, thinking everyone was trying to fool her; stereotyped; prefaces her remarks with "I don't know"; indifferent and poor description concerning hallucinations of hearing; obstinate; scolding spells; listless; lying about with head covered; aversion to food; harsh assaults; impulsive acts; queer attitude; removed shoes; works mechanically; still here.

Case 36.—Female; 40; single; collegiate education; elocutionist; paternal uncle insane; father alcoholic; onset 14 years; "extreme nervousness"; hypersensitiveness to sounds; desire to be alone; has been in various private sanitariums; has lived alone; seclusive; meals brought to room; constant complaints of noises; would not allow anything to be done for her; failure in health; (poor account); month before admission abed; rigid posture; eyes and mouth firmly closed (lips protruded); "Broke my brain in two halves." "They are not working in union." Admitted September, 1904; appeared helpless; observant; impatient; fully oriented; inaccessible; lying in rigid attitude; eyes closed; tremulous; answers very well when she cares to; holding breath for long periods, accompanied with rapid increasing heart beats; peculiar mask-like expression: oily skin; negative traits; peculiar contractures of right hand with great resistance if molested; finally, mute; released from muscular rigidity; able to walk; more talkative; irritable; dictated a letter; rapid movements on the sly; senseless stereotyped acts; more untidy; marked flexion of limbs; tube fed; still here.

Case 37.—Female; 21; single; common school education; waitress; some difficulty with school work; onset four months; felt restless and uneasy; changed her work; felt queer influence; everyone looking at her; indecision; tore up railroad ticket; heard voices swearing; personal remarks; restless; petulant; character

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ruined; everyone enemies; felt mind read; assaults on friends; counting her fingers; standing about; afraid she was going to die; unfinished sentences; sudden laughter; complained that peculiar noises perplexed her; thought to have had some love experience; occasionally vague sexual references. Admitted August, 1904; essentially oriented; poor as to exact time; timid; fear of harm; restless; sighing; inattentive; answered questions poorly; while talking suddenly stops; could not explain; would frequently laugh; erratic conduct; unable to give any reasons for past actions, except attitude of everyone seems strange; that she was influenced; continued offish, shy, perplexed, evasive and crying frequently; inattentive; at times, restless; loud singing; disorder of thought more marked; vague accounts of present feelings with considerable constraint of attitude; unable to account for silly laughter; occasionally hallucinations of hearing; considerable hebetude early part of the day; discharged improved March, 1905; several months thereafter reports show poor working capacity and general indifference.

Case 38.—Female; 50; onset 30 years (1872), at the age of 20; at that time childbirth; delirious (?); episodes followed by "dementia"; several times in county house; recently excited; talked about dead born babies; further senseless trend; peculiar gestures; profanity; (poor history). Admitted October, 1903; anæmic; inattentive; unfinished sentences; marked incoherence and irrelevancy; peculiar facial expression; occasional references to little girls and experiences in early life; orientation unascertained; senseless attempt at alphabet and in counting coins; later apparent hallucinations of hearing; references to spirits and talking to the dead; talks baby fashion; exceedingly incoherent; still here. Patient was put in this group because of etiology, age of onset, and the character of the present dilapidation.

ALLIED TO DEMENTIA PRÆCOX PSYCHOSES

Case 1.—Male; 28; single; American; laborer; paternal cousin insane; two months previous had some difficulty with employer; soon thought he was wronged; that others were against him; everything was a trick; became suspicious of everybody; unions were conspiring against him; wanted to shoot himself; threatened to kill father and mother; excited periods would go over to epi-

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sodes of crying; thought he was ruined; admitted November 26, 1903; well oriented; full of great detail; complained of food; was not retarded or flighty; thinks peculiar influences direct his actions; heard voices telling him to walk backwards; sees flashing lights; hypochondriacal; kneels at beds; says he must turn to the right; has power to kill others; elaboration loose, somewhat senseless; hears God's voice; became self-absorbed; fair working capacity; agreeable, tidy, trusty, good memory; discharged recovered November, 1904. Patient was put in this class because of subsidence of hallucinations and no evidences of dilapidation.

Case 2.—Male; American; single; farmer; good education; aunt insane; onset three years; became depressed; tried to poison himself; continually taking medicine; wandered about forgetful of purpose; seclusive; tramp-like tendencies; hostile while at home; threatened mother. Admitted May, 1904; age 21; subjective feelings of dizziness; "stomach queer;" systolic mitral murmur; oriented; slightly depressed; good grasp; slight hypochondriacal trend; fear of different diseases; feared consequences of past masturbation; vague feeling that everyone was against him; no hallucinations; frequently begged for medicine; later removed by relatives; discharged improved August, 1904. So classed because of shortness of observation.

Case 3.—Male; 19; American; single; common school education; student; at age of 15 mild irritability; short duration; at 16 irritable; restless; unstable acts; at 17 mild depression with suspicion relative to food; contrary traits; duration four months; (began June 10, 1904); then became elated; over-active; hostile; crying episodes; garrulous; quarrelsome; irritable; bothersome; silliness; hebetude; sudden violence; constrained attitude; confused acts; negativistic traits; remission of symptoms; gained in weight; paroled several months; returned because of excitement; mild sexual trend; mild flight; activity. September, 1905, discharged unimproved; soon readmitted because of wandering about; senseless schemes; activity; rapid talk; quick emotional changes; thought poison in food; mistakes identity; foolish laughter; peculiar facial expression; soiling; resistive; sudden assaults; gain in weight; remission of symptoms; poor judgment; still here.

Case 4.—Female; 24; single; common school education; domestic; father and brother insane; natural temperament quiet

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and pleasant; onset one year; insomnia; depression; attempted suicide by drugs; crying spells; sensitive; felt as if she was laughed at and persecuted; finally, hearing slurring remarks; became listless and inactive; no enjoyment in former pursuits; sleepless; sit for hours; scolding; apprehensive and violent. Admitted June, 1904; slightly depressed; complaint; loose paranoid ideas about neglect by aunt and friends, giving account of past laughing and weeping; guarded regarding hallucinosis; physically, reduced nutrition; blueness of extremities; marked constipation; continued indifferent, slovenly, lying about; silent; complained of fatigue and "wild feeling"; impudent; irascible; hard crying spells; distress in stomach; beginning tuberculosis; more cheerful; discharged improved January, 1906. If remained longer probably would have shown further dilapidation.

Case 5.—Female; 28; single; dressmaker; naturally reserved; for past six years unduly quiet and seclusive; somewhat religious; onset four months; cause — grief over recent death of brother; failure in general health; worried over family matters in general; refused food; no stomach; very wicked; tube fed; impulsive assaults. Admitted December 10, 1903; oriented; reticent; complaint; tube fed; no stomach; very wicked; said for the past year eating food caused a rush of blood to the head; continually harping; fear of God's punishment; reduction in weight; enlarged liver; few hyaline casts; sudden episodes of glass breaking; no reason; moaning; anxiety; curled up in bed; inaccessible; dressed; head between knees; eyes closed; eats by urging; announced that she was the devil; more observant; works a little; swore at times; impulsive and destructive; much agitation on Ash Wednesday; "The day I tempted the Lord." "I am going to be tortured." "My people are all dead." "I cursed them." Annoyed by little things; activity variable; at times, very sluggish; stupid expression; silent; wringing of hands; pulling of fingers; world coming to an end; solicitous for fellow patients; vomiting food. "Tomorrow is my end." Suicidal attempts; greater depression; indifferent about brother's visit; slyly appropriating food; episodes of soiling; takes an active inquiring, humorous view of the hopelessness of every one around her; indolent; untidy; pulling out her hair; when she eats all hell eats; twits patients of their doom; joking; sarcastic; very observant; seems pleased that she is the devil; refused to see relatives because she was the devil; untidy;

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works a little; steals food; anxious episodes; in the midst of more natural conduct shy and reserved. January, 1906, more positive improvement, talking about home; writing letters; marked gain in weight; devil idea disappeared; quiet episodes of mental distress; received her mother; discharged May, 1906. This case is interesting because of the prolonged change in conduct before definite psychosis of distinctly somato-psychic type without hallucinations accompanied with anxiety, some dilapidation symptoms, while playing the part of the devil, yet on discharge showing little evidences of constraint and indifference. Recovery (probable) based upon recent report from mother.

Case 6.—Female; single; common school education; clerk; menses irregular; failure in health at 37; six months before admission severe attack of grip; duration of mental symptoms one month; went without meals; loud scolding; crying episodes; thought herself pregnant; worried much; wringing hands and muttering to herself; thought herself the cause of the ruin of everybody; complained of voices at night; dwelt upon assault and senseless belief in pregnancy. Admitted September, 1904; age 40; acute; bronchitis; feeble heart; urine strongly acid; marked pustular facial acne; oriented; frequent brief agitation and harping; anxious about her health; accuses herself of causing every one trouble; vague as to definite facts; preoccupied; shallow emotion; smiling in the face of serious statements; fear of something overtaking her; suicidal expressions; very inconsistent account of sexual assaults; frequent picking at fingers; complained that everything looks queer; indifferent memory; smiling while giving reckless answers; unreasonable requests; concern about others and knows every one's name; talked in an undertone; frequent facial grimaces; resistive; subdued apprehensiveness; senseless efforts to get away; loud screaming spells; pounding on door; hiding; destructive; untidy; indifferent; impulsive acts; still here; possibly tubercular. Case superficially at first presented some features common to the anxiety type of psychoses.

Case 7.—Female; 37; single; common school education; dress-maker; maternal aunt insane; for the past 10 years patient has been in ill health and unable to work; at 21 both ovaries removed; onset five weeks; restless; depressed; sleepless; thought she had deserted every one; fear of being taken away; of becoming naked;

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that she is to be put out of the church; continually disrobing herself; pulling at bed clothing; resistive; worrisome about two sisters who died March, 1904; oriented; resistive to care; worrisome about details; wished to be let alone; walking, moaning, begging for help; after many questions answers petulantly; usually answers are nihilistic: "I have no home." "Nothing to wear." Keeps feet and limbs in constant motion; irritable; paces back and forth, wringing hands; becoming more obstinate and contrary as to every detail; laughing in the midst of depressive utterances; persistently standing in doorways and corners; struggling when attempts to take her to meals, then eating heartily when placed at table; stealing food; soiling; filthy; marked negativism; slight elevation of temperature; coughing considerably; removed by brother; statement of improvement at home; discharged improved January, 1905; later died of phthisis. On admission, had albumen and casts; traits superficially suggesting anxiety of melancholia.

MANIC-DEPRESSIVE PSYCHOSES

Case 1.—Male; 45; single; American; farmer; great uncle, paternal and maternal cousin insane; attack early life unknown; second attack age of 32; six months' excitement; cause alcoholism; recovered; third attack age 36; excitement three months; recovered; cause alcohol; fourth attack age 41; excitement five months; recovered; cause alcohol; fifth attack age 45; alcoholic; onset one month; excitement; no unusual features, except marked cardiac hypertrophy; double aortic murmur; venereal scars; recovered May, 1904.

Case 2.—Male; 45; married; American; farmer; cause business worry; onset two weeks; subjective discomforts; inability to work; depression; loss of ambition; said nothing. Admitted January 25, 1904; says regarding past, "I got kind of mixed; food tasted queer; head whirling." Markedly retarded; difficulty of thought; volunteered nothing; well oriented; good memory; slight history of hallucinosis; gained in weight; cheerful; striking difference in activity and readiness in thought; discharged recovered March, 1904.

Case 3.—Male; 37; American; farmer; married; good health; uncle insane; cause overwork; onset three months; tired; worried

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over trifles; sleepless; restless; could not work; could not make up mind; fear of physical failure; much reserved; formerly jolly; feared something would happen to him and family; thought himself insane. Admitted February 24, 1904; oriented; doubted his abilities; regretted his coming; doubted assurance; thought things hopeless for all; easily emotional; lamentation; agitation; soon exercised self control; no hallucinations; retardation; continued pessimistic; doubted medicine; reticent; removed by brother; discharged improved July, 1904. Recently brother states rapidly improved and entirely well.

Case 4.— Male; 42; American; widowed March, 1904; painter; aunt insane; active, cheerful disposition; alcoholic; recurrent attacks of rheumatism; onset one month; cause ill health and care of wife and her death; became sad, inactive, seclusive, silent, and occasionally irritable towards relatives; worried regarding property, insurance papers; asked for revolver. Admitted March 30, 1904; slight arterio-sclerosis; no tremor; oriented; depressed; quite resistive; unresponsive; feeble attempt at suicide; accused himself of wrong doing; retarded; "I can't think; they seem to shun me." Complained of difficulty of application; showed subdued anxiousness, pulling fingers, moaning, swaying back and forth; marked improvement; discharged recovered January, 1905.

Case 5.— Male; single; laborer; common school education; temperate; at 21 had attack of excitement of nine months' duration; imaginative display, seeing coffins, angels, etc.; full of aimlessness and restlessness. Admitted April, 1893; irascible; threatening; noisy; emotional; "hysterical;" discharged unimproved; seven months later (March, 1894) second psychosis of few days' duration; excitement; threatening; noisy; full of talk; said he had been nervous since leaving the institution; tendency to assault; loquacious; recurrent excitement; slight religious phase; "a brilliant star" in his room; destructive; periods of stupor; rapid gain in weight; discharged recovered May, 1895; got along well until February, 1904; age 32; became restless; religious notions; found fault with the priests; more talkative, restless, irritable, emotional; excited and violent tendencies. Admitted in two months; great motor restlessness; flight of ideas; quickly changing emotions; distractibility; rhyming; trend religious nature; play of religious words; well oriented; grasp slightly defective;

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memory good; later marked incoherence; untidiness; silly; slight mannerisms in nodding head and shaking hands; repetition of utterances; peculiar actions; depressed; crying; accused himself of wickedness; improvement; employed; discharged improved April, 1906. Recently observed and seemed recovered.

Case 6. Male; 19; American; single; good education; baker; temperate; grandmother insane, old age; mother died of cancer of stomach; onset one year; felt nervous; could not keep mind on work; neglected duties; did not care for pleasure or amusements; despondent; slept poorly; irritable; felt weak; suicidal thoughts; talked of razor and carbolic acid; took some in mouth and spit it out; worried about spiritual welfare; anxious for commitment. Admitted April 9, 1904; acne; hyaline casts; oriented; good grasp; anxious to tell all; mildly depressed; feeling of incapacity; desire to be alone; as to calculation, said, "I don't seem to be able to collect my mind." Referred to his heart beating in his head; afraid of everything; feeling of dread; vague feeling of having done wrong in early life, such as swearing. Few days after admission marked depression; retardation. "My muscles do not move. They seem heavy; don't seem to have any will power." Subsequent irritability; improvement; much more alert; quiet feeling of retaliation towards relatives. Discharged recovered January, 1904.

Case 7.— Male; 24; American; single; laborer; at age of 22 alleged sunstroke; soon became more irritable; unstable; slightly alcoholic; talked about "a loop," companies owing him money, shovelling money with a pitchfork; to the Holy Land in a balloon; aimless activity; reading messages from the wall; episodes of despondency. Admitted July 8, 1904; very active; flighty; rapid emotional changes; busy with mechanical ideas; poorly guided by questions; slight defect as to time relations; grasp superficial; marked distractibility; later phase of irritability; subsequent hebetude; discharged recovered May, 1905.

Case 8.— Male; 21; American; single; common school education; farm laborer; temperate; delicate as a child; typhoid fever at 12; nervous since; onset one month; talkative; restless; boisterous; borrowed money to speculate; elated schemes; unstable delusions; lecturing tours. Admitted July 14, 1904; oriented; good grasp; flighty talk; well guided by questions; activity; sleepless; emotional; resentful attitude; discharged recovered May, 1905.

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Case 9.—Male; Swedish; laborer; 19 years in U. S.; common school education; married; asthmatic attacks since 20; aunt insane; at age of 50 attack of depression of one year's duration; feared harm on the ground of ominous voices; reticent; seclusive; sadness; recovered. Second admission July 30, 1904; age 52; onset two months; fear of being killed; silent; inactive; apprehensive; anxious to be committed. On admission, sad; slow in thought and action; vague auditory impressions causing concern; every one against him; improvement from asthmatic condition; marked improvement in activity; discharged recovered May, 1905.

Case 10.—Male; 37; American; married; common school education; farmer; several previous attacks; nature unknown; onset six months; death of wife at that time; poor health; depressed; anxious for family; thinks he had better kill them; restless; worried over incapacity of mind; marked feeling of anxiousness; occasionally excited; attempted suicide. Admitted August 27, 1904; depressed; compliant; insight; oriented; good memory; marked feelings of incompetency; friendliness; inability to work; retardation shown by thinking tests; sleeplessness; marked gain in weight; discharged recovered December, 1904.

Case 11.—Male; 36; married; common school education; shirt maker; temperate; good health; father senile deterioration; brother suicided two months before patient's admission; onset one month; neglect of work; depressed; forgetful; harped on brother's fate; would not eat; voices demanding him to kill himself, also family; message from the Lord to tear out his heart and eyes; cries; moans. Admitted September 24, 1904; inactive; silent; slow and laconic; oriented; poor grasp; continually urged to reply; slow in calculation; sad because he was wicked and because of accusations from voices; more active and ready in thought; gained in weight; afraid of harm; discharged recovered March, 1905.

Case 12.—Male; 42; American; single; laborer; good habits; onset one week; restlessness; impulsive acts; playful; fleeting delusional concepts. Admitted February 10, 1904; oriented; noisy; restless; slight flight with rhyme; distractibility; changeable mood; subsequent attitude of offishness; recognized queer notions, but could not explain them; voices making fun of him. "They tell

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me things I never knew before"; tendency to mistake identity; talked about hypnotism; no further evidences of hallucinosis; insight; discharged recovered July, 1904.

Case 13.— Male; 37; birthplace Ireland; single; common school education; laborer; mother senile, depressed type; father died of tuberculosis; at age of 27 mild depression of seven months' duration; cause alcohol; discharged improved; onset of present psychosis eight months; cause, heavy drinking; bad feeling in head; peculiar conduct, keeping eyes closed; refused to speak; suspicious of food. Admitted July 5, 1904; oriented; good grasp; readily responsive; various somatic complaints, blood rushing to head; hot flashes; muscles lame; dizziness; reticence; inactivity; slow thought; feeling of inadequacy for some time; marked improvement; discharged recovered.

Case 14.— Female; American; married; three children died of convulsions in infancy; good education; housewife; maternal aunt insane; at the age of 23 became mentally unbalanced immediately after birth of child and has had many alleged attacks since; onset of present psychosis six months; inattentive to household duties; foolish activity; decorated clothes line with cooking utensils; unstable delusions; changeable emotions; rapid talk and noisy episodes. Admitted December 12, 1903; age 53; flight of ideas; mistaken identity; aimless activity; fairly oriented as to place and time; very erratic in applied work; good memory; mitral systolic heart murmur; continued over-active; irascible; called herself Eve; developed tonsilitis; became very depressed; thought she would die; severe muscular pains; rapid pulse; rapid loss in weight. While attempting to sit up, suddenly died April, 1904. Autopsy showed hypertrophied heart, acute endocarditis of mitral orifice.

Case 15.— Female; 31; single; dressmaker; common school education; always nervous; maternal cousin insane; onset two months; more nervous than usual for a year; suddenly left home, fearing friends would poison her; loudly called for priests; stopped people on the streets; every one making fun of her; sleepless. Admitted December 24, 1903; oriented; "I am sad"; cries easily; thought herself neglected; worried about her health; thought her mother calling her; occasionally heard indistinct sounds; slowness in thought and action; ideas of unworthiness; "bad thoughts forced upon me." Accuses herself; confused over calculation; com-

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plaints of constipation and flatulence. "I am so wicked." Hallucinations of hearing more active, though confused recollection of them; dysmenorrhea with worrisomeness; considerable tremor of hands and face; timid; people found out her secret sin; reasoning attitude; striking improvement in activity; marked gain in weight; discharged recovered.

Case 16.—Female; high school education; widowed; domestic; mother died of cancer; paternal uncle insane; naturally of religious make up; patient's husband died from exhaustion and melancholia. At the age of 40 (1899) sudden excitement, religious trend; mistaken identity; flight of ideas; supernatural power; discharged recovered after six months; present psychosis; onset few weeks; running here and there on mission work, trying to raise the dead; erratic talk; busy plans; sleepless. Admitted February, 1904; age 45; oriented; compliant, rapid, flighty talk; unstable religious ideas; mistaken identity; restlessness; changeable mood; discharged recovered November, 1904.

Case 17.—Female; common school education; married; no children; always quiet and reserved; at 23 considered insane; active; restless; unstable for six months; since father died several years ago several attacks of nervousness and insomnia, especially at menstrual periods; at 42 (July, 1903) marked insomnia with some depression; irritable; ideas of reference; contemplated suicide; husband unfaithful; felt controlled by spirits; weeping. Admitted August, 1903; under weight; pupils widely dilated; tremulous tongue; retarded in talk; difficulty in thinking tests; emotional; oriented; sensitive; fear of not getting well; inaccessible regarding husband; fear for her soul; pain along spine; discharged improved December, 1904; got along well at home until February, 1904; became sleepless; unable to do housework; singing, shouting, waking neighbors; threatening husband; tries to lecture on temperance; (husband drinks); excited talk; rapid changes of mood. Readmitted February, 1904; age 43; rapid flighty talk; oriented; restless; general feeling of hostility; changeable, delusional trend; attacks of syncope; feared death; depression; great difficulty in calculation; recognizes inadequacy; sluggish movements. Patient still here, showing many attacks of depression followed by excitement (circular). No deterioration.

Case 18.—Female; 49; naturally ill-tempered; common school education; twice married; last time three weeks before admission;

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paternal cousin insane; many previous attacks; onset eight months; angry; excited talk; threatened husband; destructive. Admitted March, 1904; oriented; restless; flighty talk without distractibility; emotional instability; simple religious feelings; slight somatic discomforts, accompanying menopause; busy plans; unable to sit down; voluble run of talk; admitted facts in medical certificate; fussy; faultfinding; improved sleep and nutrition; discharged recovered September, 1904.

Case 19.—Female; 36; high school education; married; one child; at 31 dead child removed at full term with considerable laceration of cervix and perineum and subsequent cellulitis; in ill health since; for past year worried over husband's ill health; has used malt liquors somewhat; occasionally used chloral; onset one month; depression with restlessness; talkative episodes; inability to work; angry episodes; breaking dishes; leaving the house at night; vulgar talk; pressure of activity. Admitted April 15, 1904; restless; playful; quick emotional changes; voluble talk with flight of ideas; distractibility; sound association; mistakes identity and sound (sister's voice); unstable delusional trend; good grasp; erratic calculation; physically, slightly reduced; old pelvic cellulitis; gradual improvement. Discharged recovered September, 1904.

Case 20.—Female; 32; high school education; married; three children: father and mother insane; onset five months; foolish talk; thought others insane; wrote senseless letters; neglected housework; then depression; fear of prison; marked apathy towards relatives; walking the floor and reading Bible; finally silence. Admitted April 16, 1904; marked auto toxæmia; slow in movements and replies; very sad; eating sparingly; silent agitation; retention of urine; intimated she had fear; felt queer for the past three months; that she has done wrong to herself and others were involved; well oriented; subsequently, deficient sleep; occasional replies, showing fear because of her sins; complained that she could not talk; hyaline casts in urine; greatly upset by husband's visit; very homesick; hears children near by and thinks something has happened to them; silently braiding and unbraiding her hair; very inaccessible; reluctance to take food; slight tendency to muscular rigidity; clings to people; marked retardation as to voluntary movements; a day of severe crying;

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fear of being killed; removed by husband; several times re-paroled with improvement; gain in weight; attending to household duties. Discharged improved September, 1904.

Case 21.—Female; limited education; married; 13 children; paternal uncle and cousin insane; at 14 patient married; child within a year; husband worthless; at age of 20 excitement; recovered after 10 months; at 37 attack of depression five months; recovered; onset of present attack six weeks; active; restless; irritable towards family; neglected work. Admitted May, 1904; age 50; menses irregular; well oriented; variable emotions; tone; mild flight of ideas with distractibility, rhyming and sound association; erratic calculation; mistakes identity. Discharged recovered September, 1904.

Case 22.—Female; common school education; married; four children; attack of depression at the age of 35; slow recovery; onset of present psychosis one month; depressed spells; nervous and sleepless; no ambition; suicidal attempt; hearing unpleasant voices; house on fire; running away; standing about bewildered, wringing hands; fear of giants; awful punishment in store. Admitted May, 1904; age 58; depressed; silent; answers questions in monosyllables; slow in voluntary acts; complained of difficulty of thought. "I cannot get my head together—it feels thick." Some affect about children; admitted sadness; could not give reason. "I cannot explain myself." Said she started to worry recently because son left home; feared he was lost; in applied work showed great difficulty; realizes past imaginary voices; great relief on receiving a letter concerning children; slight hallucinosis in evening, hearing dogs; no subjective complaints, except of inadequacy and feeling of weakness with headache; worrisome episodes; feared she had done something wrong; crying; some agitation at times; restlessness; picking fingers; hebétude; complains of voices; will not explain; suspicious about food; concerned about home; voluntary complaints of heaviness and thick head; great difficulty in writing letter—"I can't find words." Hard crying spells; menses appeared; active and brighter; working; discharged recovered January, 1905. There are depressions in the main considered manic-depressive, which show episodes of anxiety but seemingly lacking the stamp of melancholia of the involutional type. Several others appear through the report relative to the depressions.

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Case 23.—Female; Canadian; 13 years in U. S.; married; two children; good health; at the age of 25, soon after death of first child, gradual enlargement of thyroid. In September, 1903, deserted by husband (no apparent reason); without means; worked as domestic three weeks; then began singing; emotional attacks with severe headaches; enormous eater; peculiar conduct; menses ceased; day before admission went to orphanage to see children; visited few hours with children and then began crying, laughing, throwing furniture about, partially undressing, singing; felt as if every one was against her; removed to police station; was inaccessible; suffered severe headache. Admitted December 20, 1903; age 30; well oriented; accessible; free account interspersed with frequent laughter and crying; very hyperaesthetic; haemoglobin 80 per cent; dermatographia; active patellar reflexes; blowing murmur at the root of neck; thyroid body size of orange; disposed to protect her husband, excusing his neglect to write and send money; brooded over neighbors' comments of her abandonment; had a feeling that people were talking about her; thought employers imposed upon her; felt the stress of attempting to live; no defect in thinking tests, except sudden outbursts of laughter; memory good; no hallucinosis; later fault finding, scolding, impudent, crying easily; obscene. Three weeks after admission mistook patient for her husband; dropped the matter. Few days after said, "I hear some one talking to me all the time." "They say, 'Fear not; I am with you always even to the end.'" No further hallucinations brought out; menstruation resumed; irritable; complained of weakness; worried about children; episodes of crying; complained of mist before her eyes; dreamy accounts of visionary disturbances. "I see both dreadful and pleasant things." "I dream such strange things—like going into another world." "I see better with my eyes closed than open." "Men in women's clothing." Once found lying in bed; replied to greeting and said, "I am dreaming at the rate of a mile a minute." Mood variable; listless. Discharged recovered September, 1904. Patient's complaints were rather frequent regarding fatigue and heavy head; hysterical features prominent.

Case 24.—Male; American; married; farmer; poor education; maternal and paternal grandfather insane; maternal aunt died insane; psychosis at age of 27 (1897)—irritable; depressed;

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hypochondriacal; hearing voices; annoyed by noises in head; visions of dead people; meditated suicide. Admitted August, 1899; age 29; depressed; reticent; shy; seclusive; worried about stomach; became cheerful; more active; discharged recovered September, 1900; got along well until April, 1904; age 34; felt nervous and unable to work; reticent; severe headache; sleepless; rapid loss in weight; voluntary commitment because of fear of unexplained impending evil. Admitted September 13, 1904; vague discomforts about head; soreness of ribs; composed; oriented; slow in utterances; well guided by questions; good grasp; felt discouraged; had a dread; things tasted bad; hard to work; afraid to be alone; doubts; mild phobias; feared to read newspapers; no hallucinosis; gradual improvement. Discharged recovered November, 1904.

Case 25.—Female; 39; Canadian; 24 years in U. S.; no education; married; eight children; father and sister insane; onset two months; severe cold; soon followed by excitement; peculiar religious and various absurd remarks; increased rapid flow of talk and meaningless expressions; violent reactions; great activity. Admitted July, 1904; miscellaneous run of talk and distractibility with great motor restlessness; poorly guided by questions; irritable; abusive; refused food; tube fed for a time; quick emotional changes; destructiveness; filthiness; in seclusion; rapid assaults; rapid loss in weight; difficult to examine; prostration; diarrhea; pulse 62; anxious; throwing herself about; resistive; sudden collapse. Death March, 1905. Autopsy showed calcareous aorta, shrunken mitral valve, intestinal intussusception at two sites without inflammatory reaction; brain soft and very edematous.

Case 26.—Female; common school education; married; seven children; sister insane; at age of 26 psychosis of short duration following childbirth; present onset four months; cause, hard work and poverty; peculiar acts; threatened life of herself and attempted to smother baby (baby seven months old); depressed; occasionally excited; sleepless; failure in weight; hiding, running from home. Admitted July, 1904; age 32; oriented; slow in movements and speech; slightly resistive; emotional; claims difficulty of thought; complained of inadequacy at home and accomplished nothing; in consequence, became sad; continued depressed;

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scant in ideas; replies in low tone; shy; discharged recovered November, 1904.

Case 27.—Female; normal school education; married; eight children; two maternal aunts and grandfather insane; at 19 psychosis 10 months; recovered; second attack at unknown period; third attack at 37; five months duration; depression; feeling of unworthiness; suicidal attempts; hallucinations of hearing; recovered; present attack at age of 43; onset three months; became forgetful; neglectful; unable to finish work; jealous of husband; talked to animals and trees; received communications from them; active; excited; loud screaming; called herself "Sam lunatic." Admitted August, 1904; chronic nephritis; systolic heart murmur; oriented; restless; resistive; emotional changes; distractibility; sound association; some insight; few unstable delusions; reciting snatches of poetry; hostile attitude; removed by husband; discharged improved November, 1904. Recent letter from husband says, "I consider her fully recovered."

Case 28.—Female; 33; French Canadian; several years in U. S.; single; common school education; dressmaker; poor history; onset three months; failure in health; wandering about; depressed; crying; over-religious; not doing right; walking back and forth; sleepless; talked of unpardonable sins; said she had gone to hell. Admitted August, 1904; spoke little English; lying with eyes closed; intimated to interpreter she was sad because she would not go to heaven; place too good for her; admitted feeling fatigued for a long while; was fully oriented; physically, showed marked reduction of weight; haemoglobin 70 per cent; no appetite; lying abed relaxed; immobile; sighing; spoon fed; later slight improvement; feeding herself though very slowly; discharged unimproved October, 1904.

Case 29.—Female; common school education; married; seven children; brother defective and paraplegic from infancy; at 13 patient pregnant; married at 22; several alleged attacks of insanity; at 32 mild excitement; onset few days; religious trend; her house a mansion; wandering about at night with all sorts of senseless plans; dressed in man's clothing; at institution, variable delusions; meddlesome; playful; discharged after four months improved; got along well until six months before readmission; gave birth to twins; soon became talkative; restless; neglectful of house-

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hold duties; expressed variable delusions. On admission at age of 34 good orientation; very talkative; whimsical; partially systematized ideas; supernatural gifts; slight intimation of hallucinations of hearing; continued boastful; elated; easily angered; discharged recovered February, 1905.

Case 30.—Female; married; no children; domestic; high school education; naturally irritable; “always talked to herself;” menses appeared at 12; father and mother were insane; at the age of 34 (May, 1903) admitted to institution; onset nine months; neglectful of work; poor memory; severe headaches; stayed in bed; fear of injury; peeping in closets; phobias — seeing people; doubts to act; oriented; imagined people were about her; did not see or hear them but “sensed” them; reduced nutrition; poor sleep; rapid improvement; discharged recovered September, 1903. Readmitted December 25, 1903; got along well at home until 10 days before admission; became depressed; thought she was being injured; laughed and cried; thought some one was about the house; preoccupied. On admission oriented, agreeable, said she got along well at home for a month, “Then I began to have a cloudy head.” “I could not do much.” “I could not plan my work.” “I got more nervous and sleepless; some one watching me through windows.” “Pressed feeling in my head.” Dreamy account of seeing a man behind her while kneeling, and saying her prayers; did not show retardation as to thinking tests or voluntary acts; stopped in the midst of work, and would become dreamy; complaints of headache; flushed face; sleep irregular; complained of getting other people’s thoughts; things going through her mind like a train of cars; sensitive to criticism; discharged recovered April, 1904.

Case 31.—Female; very limited education; married at 16; one child three years old; naturally nervous and worrisome; attack of depression at 25; two weeks’ duration; recovered; second attack of depression at 26; four months’ duration; thinking every one against her; turned against her husband; senseless preparations to leave him; talked about heaven and death; discharged recovered; onset of present psychosis one month; strange talk; queer attitude towards husband; neglect of household; standing about; neglect of child; out at unreasonable hours; thought neighbors were against her; husband untrue; alleged fainting attack with

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complaints of difficulty of breathing; became excited; thought self chloroformed; constant talk about various domestic matters; sleepless, and at times seemed very much confused and dazed and would collect a lot of rubbish and arrange in a senseless way; would avoid eating at home, accepting food from the neighbors. Admitted September, 1904; 27; good health; seemed very hyperaesthetic; oriented; compliant; lay abed; felt weak; elaboration brief, but clear; grasp superficial; unsystematized ideas as to husband; general feeling of ill use and being misunderstood; object being to annoy her; slightly suspicious of husband's fidelity; complained of fatigue; sleeplessness and headache for some time past with occasional attacks of dyspnoea; patient's fund of knowledge and general qualifications very meagre and judgment in general matters lacking; continued a little offish in attitude; soon pleasant and agreeable; occasionally somewhat indolent and silly; sudden laughter while reading the Bible; said it was because other thoughts forced themselves into her mind; attitude natural upon husband's visit; improvement in weight; partial insight; several times paroled; at expiration of parole discharged recovered, January, 1905. Patient subsequently twice admitted; once June, 1905; discharged September, 1905; rapid onset, coming on after hard work; unstable emotions; restlessness; much talk; offish attitude; neglected children; without hallucinosis; no special delusions at institution, but rather instability; recovery. Again admitted February, 1906; onset one month; much talking; choking feeling; excitement; suspicious of husband; at institution, somewhat restless and unstable; not hallucinated; no delusional trend; occasional irritability; noisy and obscene; occasionally denuding herself; at times becomes disagreeable; discharged recovered September, 1906.

ALLIED TO MANIC-DEPRESSIVE PSYCHOSES

Case 1.—Female; married; two children; common school education; formerly school teacher; aunt and sister insane; at the age of 45 sudden excitement; rapid onset; instability; in western institution; discharged not recovered; frequent attacks since of rapid emotional changes; threatening attitude; aimless activity; many unstable delusions; change of life at 48; onset present psychosis one month; very excitable; homicidal threats toward family; went about partially clothed; talked about much money;

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world circling on her head; voices through telephone; playfulness. Admitted May, 1904; age 50; oriented; talkative; inattentive; poor answers; erratic calculation; punning; hostile trend towards relatives; later frequent assaults; vague intimation of auditory hallucinosis; mystical references to lodges; sessions belts and lawyers' belts; tendency to sound associations; unstable delusional references about past and present condition; messages through telephone; frequent crying; frequent assaults; decorating self; symbolic references; vague replies; easily irritated; poor judgment; limited interests; untidy; memory seems good; still here.

Case 2.— Male; single; American; good habits; attack of religious excitement at 26; two months duration; cause — injury to head year previous; recovered; second attack of excitement at 37; remained at home; third attack of excitement at 50; religious trend; recovered after six months. Readmitted December 5, 1903; age 60; previous duration one month; violent; excited; talks with the Lord; quotes scripture; easily angered; walks streets at night; foolish ideas of reform. On admission, was well oriented; agreeable; garrulous; marked senseless religious trend; readily slips from subject in hand; speaks of numerous matters in scattered fashion; slight suggestion of flight and distractibility; unstable emotional trend; recognizes difficulty of calculation; good memory; fair worker; paroled care of brother; returned because he was troublesome and noisy; at times, quite mixed in his talk; religious phase; discharged unimproved February, 1905.

Case 3.— Male; 20; single; American; farmer; common school education; good habits; nervous temperament; six years ago fell on ice; unconscious half a day; onset six months following love affair; became irritable; inactive; seclusive; turned against family; restless with poor sleep; headache; admitted June 27, 1904; reduced nutrition; oriented; compliant; showed a few paranoid ideas based on alleged statements on the part of a man who tried to ruin a girl's character; no senseless trend; absence of hallucinations; supercilious; jealous; changeable; discharged recovered (?) August, 1904.

Case 4.— Male; single; laborer; uncle insane; two cousins insane; father died of phthisis; naturally of irritable temperament; limited education; somewhat simple; good habits; at 19 attack of excitement of short duration; remained at home; at

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22 in quarrel severely assaulted; soon became excited; restless; noisy; lost in weight; refused food; suspicious of poison; apprehensive; fear of being killed; elaborated much regarding recent assault; flighty talk about wealth; admitted within a few weeks; somewhat agitated; had fear; every one against him; threatened those who had assaulted him; seemed oriented; complained of pains in head; continued restless and boisterous; many unstable delusions; mistakes identity; irregular sleep; very meddlesome; eating ravenously; considerable hebetude; at times, confused; insight; able to work; gain in weight of 27 pounds; discharged recovered June, 1904; got along well for a month; then became restless; sleepless; over-active; muttering to himself; threatened suicide; thought every one must get away; vague feelings of impending harm; readmitted July, 1904; emotional attitude; at times, sighing; soon became restless; full of miscellaneous talk and slang; provoked assault; commenting upon everything; destructive; generally quarrelsome; worked at times; transient, unstable delusions; more composure; marked gain in weight; seemed to have reached normal state; still here.

Case 5.—Male; Irish parentage; single; went to school two months; farmer; simple and agreeable make up; good habits; at age of 20 depression; onset one month; worrisome about self and neighbors; thought people against him; discontented at work; wandering about; laughing and crying; suspicious of friends and relatives; fear of life; admitted December 19, 1902; oriented; agreeable; denied facts; simple make up; illiterate; somewhat uneasy; considerable flushing of face; discharged recovered April, 1903; at 22 second psychosis; onset two months; seclusive; restless; threatening; boisterous talk; laughter; over-activity; greatly excited because of effect of being searched for revolver; increased threats; assaults; excited talk about money being stolen. Admitted May, 1904; flushed face; hyperaesthetic; hyaline casts; good nutrition; oriented; clear grasp; vindictive trend towards relatives; denying essential facts, defending himself by considerable talk; insight as to first psychosis; somewhat emotional; soon stable; better attitude; discharged recovered August, 1904. An attack of depression and excitement in a high grade imbecile.

Case 6.—Male; American; common school education; farmer; widowed; good habits (see brother, case No. 4, drug psychoses);

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at age of 42 developed maniacal condition on the ground of religious fervor; duration one year; felt sanctified; God in his heart; considerable psycho-motor activity; messages from God to dispose of children's things. Admitted January, 1896; nervousness; oriented; happy thoughts; improvement physically; discharged recovered after two months. Readmitted June 7, 1904; age 51; onset two months; cause, death of wife; oriented; reacted to thinking tests very slowly; feeling God's influence and direction; feeling of sinfulness; dreamlike accounts of spiritual hallucinosis; memory good; ecstatic expression; intimates voices; slightly irritable; bizarre religious ideas on close questioning; speaks of coming marriage. Later composed; insight; said that when he came for several months head felt confused, hard to collect thoughts and to reason out things, and even to exert himself; disappearance of religious ideas. Desires to marry one of the nurses; thinks her conduct denotes reciprocal love. Otherwise, seems well. September, 1906, died of typhoid fever.

Case 7.—Female; 41; single; Canadian; 35 years in U. S.; common school education; naturally nervous; of ordinary intelligence; worked hard as tailoress for many years; brother alcoholic hallucinosis; recovered; two weeks before admission severely bruised in elevator accident; became nervous and unstable; 10 days before admission became suddenly excited, sleepless and attempted suicide; talked constantly; continuously active; flighty talk concerning brother; slight religious references. Admitted December 29, 1903; oriented; good grasp; voluble, rapid talk; variable delusions; obscene trend; fear of poison in food; very mischievous; tube fed; rhyming talk; asks questions and answers them; resistive; homicidal; assaults; filthy; multitude of unstable delusions; accuses nurses of everything; period of composure; sewing; became more depressed. sitting with head bowed; uneasy. "I am a devil." "I need to be in your way." Suicidal attempts; accuses herself of killing people; bewildered; refuses food; would persistently stand near exit, struggling to get out; fatalistic humor; will soon be alone on the earth; worries over trifles; many inquiries; annoying others; cruel towards others; picking at plants tube fed. "How I am suffering!" Three months after talkative, singing, eating hearty meals; agreeable; working; mischievous; playing jokes; screaming; contrary; disagreeable at the table; vicious assaults; improvement. Discharged improved August, 1905; several months afterward reported as well.

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Case 8.—Female; Jewess; single; 50; born in England; 35 years in U. S.; nervous and eccentric for years; lived with relatives; onset indefinite; 18 months previously “jilted,” also some trouble with relatives; left them and became destitute; paranoid ideas against relatives; threatened suicide; frequently changed boarding place; dwelt on previous wealth and ease; began to use stimulants. En route noisy, violent, tearing her hair, calling out on train for help, speaking of her refinement and culture. On admission, March, 1904; oriented; reiterated her inconsistencies; egotistical; suspicious; voluble; ill-defined persecutory ideas against former help from relatives; exacting; mercilessly critical; tendency to remain in bed; masturbation; simple hypochondriacal ideas; improvement; affected manner and speech; possibly always so. Discharged recovered March, 1905; menses irregular.

Case 9.—Female; single; normal school education; paternal aunt and grandmother insane; naturally very bright and studious; mathematical; disposition rather queer; sudden dislikes and seclusiveness; at 19 had a depression; onset two months; while at school sudden laughter; crying; severe pain in top of head; depressed; apathetic; parents imposters; plots to injure her; assaults on parents. Admitted October, 1898; age 19; dull; monosyllabic; poorly formed trend against parents; episodes of cheerfulness; no further delusional trend; discharged recovered May, 1898. Readmitted February, 1904; age 25; onset few days; excitement; sleepless; father the devil; assaults on parents; senseless belief in pregnancy; seeing strange faces. On admission oriented, sluggish in thought and action; feeling of inadequacy and difficulty in applied thought and retention; dizzy feeling in head; thought she must have had queer ideas before coming; cannot explain them. “I used to imagine I saw things.” “Someone’s in mother’s room.” “People calling babies.” “Mother poisoned.” No further sexual trend; rather moody; agreeable; playful; joking episodes; lying around; hard crying spells; thought herself illegitimate because she was so different from the rest of the family; days of hebetude; paroled; more active. Discharged recovered July, 1904.

Case 10.—Male; 18; American; single; poor education and training; father alcoholic; mother insane; onset six years. However, a year before admission hired out as grocery clerk; boys on

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the street took advantage of his weakness; began drinking several days before admission; noisy and boisterous; vulgar; dressed up and looked for a girl to marry; sent promiscuous orders through telephone; threatened his people. Admitted April 2, 1904; complained of epigastric distress; sexual hyperaesthesia; oriented; active; querulous; mood variable; full of activity; took great pains with his dress; still had in mind to marry; slight flight; attributed his nervousness and headache to drinking; data of personal identification meagre through illiteracy; egotistical; meddlesome; occasionally assaulted; silly talk; no hallucinosis, but little evidence of delusional trend; industrious; gained in weight. Discharged recovered March, 1906. Patient was evidently a high grade imbecile with a hypomanic psychosis; good recovery.

CONSTITUTIONAL INFERIORITIES AND NEURASTHENIC STATES

Case 1.— Female; single; American; common school education; very intelligent; mood sensitive though active; inventive turn of mind; paternal grandfather, mother, second cousin and paternal aunt insane. Patient had a psychosis at 21 and another at 35; both characterized by psychasthenic traits; onset of present psychosis about three years; endeavored to manage business with poor success and increasing financial embarrassment; indecision, insomnia, suicidal attempts; marked hyperacusis; resorted to large doses of chloral and bromide; became untidy, careless, expressed desire to die. Admitted November 28, 1903; age 52; oriented; anxious to tell all about himself; lack of confidence; annoyance over minor matters; bad feelings in head with ringing in ears; no hallucinations; memory intact; physically, ears badly implanted; hirsute; active tendon reflexes; tremor of eyelids; general feeling of languor; uncomfortable head symptoms; chronic nephritis; subsequently patient showed marked restlessness; petulant; frequent suicidal contemplations; hopeless for the future; indifferent regarding brother's death; queer acts, such as spitting about, stealing articles, yet denying all. Constant walking; constant complaints of hyperacusis; soreness of head; senseless suicidal preparations; disagreeable attitude. Discharged unimproved November, 1905. While at institution showed quite a degree of depression common to the involutional melancholias.

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Case 2.—Female; single; college education; teacher in early life; would frequently become very nervous and unstrung, as well as sleepless and morbid from school duties; mother had involutional melancholia; maternal grandfather insane; maternal uncle and cousin insane; at age of 44 depression of five months duration; recovered: onset of present psychosis one year; “nervous prostration”; in bed three months; became better; soon became sleepless and depressed; excitable talk; troublesome dreams; warnings from God. Admitted April, 1904; age 51; oriented; voluble; full of details as to self consciousness; abnormal doubts; perplexity in applied work; a multitude of somatic feelings — numbness, exhaustion, vivid dreams; physically, contracted pelvis; scoliosis; fibroid of uterus; hyaline casts; improvement; gain in weight; discharged recovered (?); got along well at home until a month ago. Readmitted June, 1906; depressed; sleepless; superficially anxious; reminiscent and animated talk about feeling wicked and others suffering; standing on door step; unable to make up her mind to move; oriented; self-analytical; talk about subconscious mind; marked failure in health. Died of pulmonary tuberculosis, June, 1906. Melancholia features not leading; volubility marked.

Case 3.—Female; 34; common school education; single; domestic; father alcoholic; sister nervous; psoriasis at 11; out of school; menses at 12; irregular, with nervousness; vague pain; prolonged stays in bed; dreadful headaches; shy and reserved; would run and hide; could not bear loud noises: never able to work much; at 19, hair grey; leucorrhea; masturbator at 18; definite onset eight years; sexual exaltation; every one in love with her; claims to illicit intercourse with physician; discontented; ideas of reference; every one dislikes her; seeking constant medical aid. Admitted June 27, 1904; good health; various somatic feelings; headaches; pain and cramps across abdomen; wishes minute examination; history of several mucous stools; pains in face and limbs sharp; tenderness of abdomen; hyperaesthetic; brisk tendon reflexes; unpleasant dreams; urine strongly acid; albumen in urine; dysmenorrhea; oriented; anxious to tell all; shows lack of education; sensitive; curious; no other delusional phases. Still here.

Case 4.—Female; 34; single; mother feeble minded; father nervous; aunt imbecile; patient naturally timid; “Always afraid of something;” often cried over trifles; learned readily in school;

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taught school off and on from 17; graduated from normal school at 28. During latter school years felt worried, overworked, lack of confidence, some doubts, easily fatigued, had some doubts as to whether she would engage herself to a young man. Few months afterwards German measles; felt run down, though resumed teaching; lover soon died; felt depressed; did not want to go out; left her school February, 1901, at the age of 31; felt irritable; strange feelings; did not want to go to places; could not sit with people; household matters bothered her; flashes of ill temper and scolding with occasional assaults; fulness in head; thought people could read her mind; felt like crying; objected to her father and mother looking at her; uncomfortable in the presence of men; could not talk with people; imagined she was talked about; fears on going to bed; looked under the bed; wished to be committed. Admitted June, 1904; anaemic, dry skin; flushed face; backache; paraesthesia along spine; pupils dilated; dermatographia; fine tremor; fulness in head; crawling feeling—"clear to my head;" sleep good; oriented; eager to tell all; pleasant; afraid she will not be understood; asked many questions; rapid calculation; day looms up as a burden; feels better latter part of the day; continued worrisome over trifles; indecision as to what to do and say; general improvement; discharged recovered September, 1904; since twice readmitted; at present time still here with no new features.

Case 5.—Female; single; common school education; dress-maker; naturally moody; menses at 14 and "nervous prostration;" not considered normal since; frequent ill temper; profanity; discontentment; seclusiveness; destructive; throwing things; depressed episodes; "hysterical attacks;" severe pains in head; shortly before admission recurrence of excitement; feeling of electric influence; great uneasiness; being brought to hospital resisted vigorously; very profane; sarcastic; severe sobbing. Admitted July, 1904; 42; oriented; denied all; complained of fatigue and dizziness; limited mentality; flashes of temper; impulsive assaults; barricaded room; making unreasonable requests; industrious at sewing; accomplishes little; reaction to requests variable; at times, noisy, singing, running up and down stairs; hypochondriacal; faultfinding; occasional day in bed; vague dreams; still here; apparently concealed paranoid ideas.

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Case 6.—Female; 30; single; academic education; school teacher; two paternal aunts insane; father alcoholic and degenerate; mother slightly insane at patient's birth and died of cancer of uterus; patient was bright at school; from 11 until 13 had sexual intercourse with her father; menses at 13; painful; father died; resumed school; felt very regretful and unhappy; resorted to frequent masturbation; at 16 thrown from a horse; unconscious two hours, and confused for a week; at 23 holding responsible position as school teacher; while at small social gathering alleged attempt to drug and assault her; felt much upset; worrisome; full of regrets; year before admission became much run down while principal of school; found work difficult; doubted her own ability; became excited and depressed and greater inability to decide matters; unable to make any plans; stormy outbreaks; thought her health dangerous; thought people unsympathetic; sleepless; more irritable; suicidal thoughts; curettement of uterus for endometritis. Admitted September, 1904; good nutrition; no stigmata; complained of headache and fulness of head; feeling of exhaustion in the morning and twitching of muscles; hymen absent; endocervicitis; fully oriented; full of detail; rather precise and formal; knows exact rate of pulse from day to day; animated in the description of her case; excellent memory; becomes readily fatigued and erratic in calculation and other thinking tests; easily cries; flares up if requests are not met with; asks for much; complains of insomnia; all upset when interviewed; pessimistic; has days of scolding; very sarcastic; hard crying spells; rather unsociable and self centered. At present, a marked feeling of indecision wanting everything decided by nurses; still here. August, 1906, sudden onset of psycho-motor activity; rapid emotional changes; distractibility; rhyming; unable to add; indifference; senseless utterances with peculiar stops. Dilapidated thought.

Case 7.—Female; widowed; common school education; two children; father, three sisters, maternal uncle, one aunt and cousin insane; patient was always a delicate person; at 36 beginning hypochondriacal and neurasthenic trend (poor account); at 46 (1894) committed because of delusional attitude; hostile attitude towards every one, including husband; multitude of somatic complaints; enforced invalidism; while at institution whining; hypochondriacal; looked ill; hypersensitive; constantly remaining in bed; feeling great coldness even in very hot weather; during third

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year placed in charge of special nurse with great attention to details; improvement; soon able to care for herself and go about; rapid gain in weight; some edema of legs for awhile; ceased to be faultfinding; entered into events; discharged recovered July, 1898; remained well two years; complained of neuralgic pains; worse in cold weather; epigastric distress with vomiting; took to her bed; depressed; crying spells; thought every one was down on her; irritable; queer ideas of being cheated out of her property; nurse found patient anxiously awaiting her. Readmitted September, 1904; age 56; hæmoglobin 70 per cent; general weakness; complaints of pain in stomach and various parts of body; various ill-defined complaints; oriented: alert; whining; wanting much; good grasp; memory unimpaired; queer systematized ideas relative to family affairs and brother's death and money matters; deprived of her rights; abed; occasionally sitting up; peculiar dazed state with twitching of muscles for two hours followed by severe headache; crying; gain in weight; constant stomach complaint, wishing herself dead; wants much attention; more cheerful; absence of nervous crises, though slightly neurasthenic; improvement generally; up and about; paroled September, 1906.

EPILEPTIC PSYCHOSES

Case 1.—Male; 24; single; American; farmer; habits good; imbecile; cause epilepsy; five years previous to admission had periods of confusion, difficult to control, followed by seizures; several suicidal attempts. Admitted October 10, 1903. Exacting, frequent severe seizures with depression and irritability, stubbornness with tendency to assault; frequent ideas of reference; depressed; inflicted deep wound on scrotum; morbid as to health; neglected by friends; suspicious; idle; memory faulty; recently tore scrotum with hands; still here.

Case 2.—Male; 23; single; laborer; American; good habits; always simple minded; developed epilepsy at 20; frequently after attacks became suicidal; poor memory; irritable; sexually excited. Admitted January 28, 1901; hypochondriacal; paroled May, 1902; discharged recovered. Readmitted November 3, 1903, because of repeated post-epileptic violence, confusion, blind acts without recollection of same; at other times oriented, composed, agreeable, non-delusional; died status epilepticus April, 1904; no autopsy.

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Case 3.— Male; 47; single; no occupation; epileptic since 12; many ungovernable, excited and depressed episodes; dangerous tendencies; poor memory. Admitted January 19, 1904; dull; compliant; works; irritable; still here. Apparent loss of smell.

Case 4.— Male; 33; married; laborer; brother and aunt insane; father alcoholic; patient epileptic year following depressed fracture of right frontal bone from horse kick; frequent periods of marked confusion and apparent delirium; onset few days following series of fits; delirious; hallucinated; marked visual disturbance; blind violence. Admitted June 10, 1904; oriented; grasp on immediate past showed marked defect; did not remember being in jail; rapidly improved; discharged improved August, 1904.

Case 5.— Male; 62; married; children all died immediately after birth; common school education; farmer; good habits; paternal aunt insane; incapacitated by wounds received in Civil war; epilepsy several years; irritability after seizures gradually became worse; two months before admission became depressed; did not want to live; shy; by himself; suspicious of wife; threatening attitude. Admitted June 29, 1904; showed several gun shot wounds on chest and arms; pulmonary emphysema and arteriosclerosis; oriented and good grasp; slight confusion as to recent events; sounds and voices causing him to feel mixed up; apprehensive; deceased friends say "Be good." "Meet me in heaven." Gained physically; less depressed; discharged improved September, 1904.

Case 6.— Male; 33; American; single; high school education; clerk; at age of five drank unknown quantity of Paris green; "some convulsions soon after;" seemed well until 25; grand mal seizures began followed by irritability, gloom, hostile attitude toward relatives; few days before admission quarreled with brother; several attempts at suicide. Admitted September 5, 1904; undersized; large head; defective taste and smell; dullness right apex; egotistical; oriented; resentful attitude toward brother; quiet religious trend; ideas of reference; leading features at institution of a vicious, exacting nature; status epilepticus; tubercular condition; death June 1, 1906.

Case 7.— Female; 36; housewife; three children; brother died of tuberculosis; father markedly alcoholic; onset of convulsions at

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puberty; frequent episodes of irritability, depression and blind furor; became worse several months before admission; suicidal threats, throwing self on the floor; bad thoughts; lacerating body; Lord's voice. Admitted October 29, 1903; strong, robust; no stigmata; usual account of grand mal seizures; oriented; somewhat depressed; uneasiness before seizures; creeping sensation over body; happy religious thoughts; occasional blurring of eyes; willing to die; four months after admission signs of pregnancy. July, 1904, confined; dry labor; child cyanosed (cord about neck); died after 28 hours; patient had ideas of reference; confused period; frequent religious depression; obstinate; died in status March, 1906. Autopsy showed markedly attenuated left temporal lobe. Smell during life not impaired.

Case 8.—Female; 30; limited education; always has been dull; brother case of dementia præcox with two epileptic seizures; in early life patient had diphtheria and measles; married; first child born at the age of 18; three subsequent children; youngest only living, aged two years; at the age of 26 some gastric trouble; developed epilepsy; divorced from husband three years ago (cause unknown); then became immoral. In 1900 treated for syphilis; after seizures developed delirium. Admitted December 18, 1903; faulty memory; shows heavy ponderous mentality; partly oriented; prolonged stupor after seizures; often no initial cry; physically, stigmata of degeneration; pelvic cellulitis and large inguinal glands; developed tuberculosis; still here.

Case 9.—Female; 27; American; common school education; married at 18; no children; previous to marriage immoral; at 19 developed epilepsy; cause thought to be syphilis; at age of 26 pan-hysterectomy; suddenly excited talk; violent; seeing graves on the street; yelling loudly; on admission partially oriented; (lives near hospital); alopecia areata; dreamy; peculiar utterances; "Sometimes is sometimes not." Incomplete religious utterances; ecstatic; anxious attitude; soon cleared up; seizures grand mal type; discharged recovered June, 1904. Patient was subsequently admitted in condition of epileptic delirium; markedly autotoxic; recovered in few weeks.

Case 10.—Female; 53; limited education; married; one child; tobacco smoker; onset two weeks; sleepless; seeing strange faces; suicidal attempts; history of epilepsy since 36. Admitted May,

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1904; depressed; various somatic feelings about heart; pain through body and head; marked deafness; defective smell; hyaline casts; poor memory; partially oriented; understands questions poorly; slow; responsive; crying; wishes to be forgiven for various wrongs; untruthful account of events; irritable reactions; dizzy spells; episodes of wandering and dizziness; suicidal threats; periods of stupor; irritable and exacting; still here.

Case 11.— Female 42; German; 21 years in U. S.; very limited education; married; epilepsy since 14; 10 children; 39; after seizure, delirious, homicidal, screaming; few days thereafter admitted (August, 1901); bewildered; depressed; disoriented; silent; soon composed; frequent severe convulsions; three months thereafter delivered by instrumental labor of a normal child; frequent post-epileptic excitement with irritability; refused her food; tube fed nine days; attack of grip; improved; discharged recovered August, 1902; got along well until a month before readmission; after convulsions depressed; excited; confused acts; suicidal attempts. On admission, May, 1904, oriented; slightly forgetful; compliant; amnesia for previous acts; irritable after seizures; frequent episodes of auditory hallucinations; sudden assaults; stupid episodes; pulmonary tuberculosis; after frequent convulsions very dull and restless; developed numerous blisters; helplessness; rapid loss in weight; offensive body odor; difficulty in swallowing; labored breathing; death May, 1906.

Case 12.— Female; 48; limited education; married; no children; sister feeble minded; patient epileptic since about 30 with frequent assaults and irritability; recent years use of opium; last two years greatly confused and bewildered after seizures; attempts to set house on fire; hearing and seeing things; fears; homicidal attacks; few days before admission attack of violence; saturated clothing in oil; great fear because of sounds in the attic. Admitted September, 1904; marked anemia; impairment of smell; dilated heart with systolic murmur; oriented; irritable; exacting; severe convulsions; prolonged stupor; severe headache; angry outbreaks; marked impairment of memory; complained of frequent pains here and there, especially gastric; developed tuberculosis. Death November, 1905.

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IMBECILITY WITH EXCITEMENT

Case 1.—Male; 44; single; no education; had scarlet fever at five; followed by marked deafness; at 20 severe attack of typhoid fever; since scarlet fever has been “nervous”; quite inventive; recurrent periods of excitability; indecent exposure; intimated hearing voices; recent homicidal attempt. Admitted June 21, 1904; evidence of rickets; aloof from others; badly implanted teeth; infantile voice; very deaf; oriented; hard to get account from; later absurd delusions; suspicious; forgetful; developed pulmonary tuberculosis. Still here. Case probably one of hereditary syphilis.

Case 2.—Female; 38; single; always simple minded; no education; erratic with violent reactions; quarrelsome; obscene talk; immoral acts. Admitted May, 1904; eight and one-half months pregnant; some evidences of rickets; oriented; voluble and simple; defective judgment; feeling of resentment towards friends and caretakers; untruthful accounts of abuse and loss of wages; lack of moral sense; gave birth to normal child. Discharged December, 1904.

Case 3.—Female; 23; Indian-French extract; several relatives insane; always destitute; very ignorant and unruly; education meagre; violent temper; at 20 married; soon deserted; remarried man age 62. Onset unknown; homicidal threats; excited talk; sexual excitement; attempts at suicide (poor account); en route noisy, singing and screaming. Admitted May, 1904; oriented; very ignorant; could not tell exact time; compliant; boisterous with simple talk; denies all facts; very untruthful; considerable tremor; denies alcoholic history; rude and irritable; threatens assaults; poor working capacity; improvement. Discharged recovered November, 1904. Patient later readmitted December, 1905, with a similar attack. Recently discharged recovered.

Case 4.—Female; 35; naturally narrow; irritable; deficient education; married; two children; frequently quarreled with husband over domestic affairs; herself untactful; alleged onset one year, based on husband's selling property, including her chattels; scolding; excited talk; throwing dishes; tremulous and tearful; leaving home cried loudly. Admitted March, 1904; oriented;

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complaint; multitude of complaints against husband; denying incriminating facts; angry when closely questioned; cries easily; account of overwork; feeling fatigued; better attitude towards her past. Discharged recovered August 14, 1904. Admitted to Utica State Hospital October, 1906.

Case 5.—Female; 31; married; simple make up; credulous; defective judgment in domestic and maternal matters; at age of puberty had some sort of mental upset with so-called epileptic seizures; recovered; married at 20 to a man much older than herself; husband soon neglected her; he became immoral; intercepted husband's letters from another woman (could not read but had contents told her); onset one month; insufficient food; unable to hire out to work; unable to attend to duties; took spoonful of Paris green; promptly treated; severe diarrhea; brief prostration. Admitted November, 1903; developed insight; sorry for acts; oriented; complained of exhaustion; very ignorant; no delusional trend; no physical symptoms, except marked anemia; somewhat depressed and uneasy for a time. Discharged recovered March, 1904.

UNCLASSIFIED PSYCHOSES

Case 1.—First admission March 17, 1900; male; 41; married; American; wheelwright; father insane; rather low type; naturally jealous; two weeks before admission ideas of reference; everyone against him; threatening; thought himself watched; on admission trend as above without systematization; somewhat suspicious; possibly hallucinated; in July, 1900, discharged improved: got along well at home; six weeks before readmission became irritable; assaulted wife; watchful; uneasy; mild, religious fervor; fear of conspiracy and arrest for imaginary murder. Readmitted January 1, 1904; age 45; held to main ideas; would make no definite statements; well oriented; at peace with God and man; no hallucinations or memory faults; agreeable; reads Bible much; aloof from others; thinks himself much to blame for past troubles; no ill will; peculiar religious notions. Discharged improved November 9, 1904. At present excellent workman, but has quiet religious trend; manner stilted; case gives one the impression that he has essentially many concealed paranoid ideas.

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Case 2.—Male; 46; American; married; limited education; laborer; alleged unfaithfulness of wife and subsequent loss of money in gambling in the West; six months before admission depressed, worried, bowed head, silence, weeping, praying, attempted to shoot self. Admitted September 25, 1904; said he did not care to live because of domestic and financial losses; oriented; good grasp; feeling that everyone was against him; inaccessible as to actual experiences; not retarded; no statement as to alcoholism; no evidence of hallucinations or further delusions; very sensitive to criticism; cries easily; slight ideas of reference; jealous of other patients; notional. Still here.

Case 3.—Male; 24; single; American; combmaker; brother suicided at 16; mother divorced from husband; at birth a weakling; snuffles at seven months; walked late; always difficulty in walking; scarlet fever at five; learned poorly at school; large head development; rickets (?); onset two weeks; became depressed; had impulse to kill; bought three revolvers; foolish suicidal plans. Admitted January 15, 1904; oriented, depressed, reticent; marked spastic paraplegia; no sensory symptoms; hydrocephalic; asymmetrical face; possibly Little's disease. Mentally, defective; mild ideas of reference because of being annoyed by playmates. Removed by mother within a few days; not observed sufficient length of time for proper diagnosis.

Case 4.—Male; age 49; married; American; laborer; good habits; sister insane; poor history; several years ago committed burglary; served time; four weeks before admission dull; foolish, senseless statements; idle. Admitted December 3, 1903; disoriented; marked memory fault; markedly indifferent; foolish elaboration; very untidy; replies monosyllabic; inattentive; physical failure. Death January, 1904, of lobular pneumonia; no autopsy. Not a paretic.

Case 5.—Male; American; single; laborer; mother imbecile; learned well at school; first psychosis at 35; total duration seven months; depressed; thought employer had poison; smelled drugs on his person; absurd ideas; discharged recovered June, 1900. Second attack at 36; sudden onset; total duration two years; paranoid ideas relative to above employer; fear of being shot by him; threatened by voices; easily annoyed; delusional trend very simple; contented to remain; paroled; discharged recovered April 19,

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1903. Third attack—39; few days before admission things seemed wrong; had been working in saloon, though denied drinking; felt mesmerized and saw animals and different persons at night; suddenly left town; travelled as far as Indiana; felt all right on train; as soon as he would get off would hear them say he was a wild man—"Get out!" Had queer vision; returned home; voices talked disconnectedly. Admitted February 14, 1904; oriented; depressed; said he has been mixed up; cannot explain; poor ideas as to cause and effect; vague ideas of people in general; said people in Plattsburg had grudge against him; no memory defect; later depressed; inclined to be sensitive; seemed to have reached normal state. Still here. Patient says he drank very hard from the age of 18 until 30 and several times on the verge of delirium tremens. For several years previous to first psychoses worked as a typesetter, earning good pay. So classed because of an unconfirmed history. Case possibly an alcoholic psychosis in an imbecile.

Case 6.—Male; 22; Italian; one year in U. S.; single; laborer; habits (?); onset unknown; voices telling him to hang himself; attempted to strangle himself; refused food and drink; would not talk. Admitted April 13, 1904; strong and robust; could not talk English; very depressed; slow; quiet religious attitude; occasional moaning; indicated abdominal pain; constipated; eats sparingly; later restlessness; slight suicidal attempt; irritable; somewhat noisy; soon transported to Italy. Discharged unimproved May, 1904.

Case 7.—Male; 38; married; Hungarian; six years in U. S.; laborer; alcoholic; cause alcohol; onset two months; became depressed; threatened suicide; sleepless; refused to work; restless; excited talk; talked little English; called the place a boarding-house; spoke of McKinley; said he was crazy; continued noisy, restless, impulsive and changeable; complained that head felt hot; heard hollering and squealing; endeavored to make others go through army drills; no physical evidences of alcoholism; no further evidences of hallucinosis. Discharged recovered August, 1904.

Case 8.—Female; 47; academic education; married; three children; Christian Scientist; typhoid fever at 40; menses regu-

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lar; onset one month; April, 1904; excitable; restless; thought detectives were after her; that people were watching her; plot to steal her son; made faces at members of the household; ran out of doors; jumped on street car; shook hands with passengers; taken to police station. En route to hospital expressed various delusions; very restless; assaulted nurse. Admitted May, 1904; oriented; inaccessible; asked many questions; watchful; talked in undertone; refused medicine; soon excited; attributed her condition to worry over being appointed executrix of estate; after 12 days removed by relative. Discharged improved.

Case 9.—Female; 53; housewife; good education; married; one child; uncle suicided; onset 23 years; has had nervous spells; at least considered peculiar and nervous for that time and has done little housework; two weeks before admission, violent, sleepless; muscular twitching; dilated pupils; would do peculiar confused acts; would become lost. Admitted November, 1903; reticent; now and then yes or no; peculiar twitching of hands; also limb and face (choreiform movements); emotional; senseless explanations; started to speak; seemed suspicious; utterances jerky, yet wrote her name well; poor co-operation in physical examination; diminished muscular strength; hypertrophied heart; systolic murmur; more composed; agreeable; oriented; memory poor; easily upset; return of choreiform movements. Still here. Sufficient history is lacking to make better diagnosis; choreiform movements depended upon emotional state.

Case 10.—Female; 36; Italian; 6 years in U. S.; no education; married; seven children; naturally quick tempered; onset two days; depressions; excitement; cruel to children; repeating certain phrases over and over again. "Who did it?" etc.; fear of being killed; thought to have used liquor some. En route, frequent fainting spells; seemed very dull and fatigued. Admitted February, 1904; seemed exhausted and required stimulants; prolonged screaming; seemed in fear; struggling and crying; saying, "What is the matter?" Trance-like episodes; retention of urine; depressed; inactive; irregular sleep; seems sad; inaccessible; recurrent screaming episodes; difficult to understand her in English; resistiveness; destructiveness; prolonged sneezing episodes; improvement; discharged July, 1905; hallucinations never ascertained; good history lacking.

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Case 11.—Female; single; academic education; person of means; idle; naturally neurotic; at 46 admitted to private institution; onset one year previous; cause disappointment in love; became emaciated; threatened suicide; reticent; dishevelled; unusual religious devotion, remaining in church all night; feeling of being watched and followed; aversion to relatives; while in institution sitting in certain places; certain phobias; not right to read only at certain times; could not work on colored cloth; superior manner; would not associate with others (poor account). Admitted May 7, 1904; age 56; oriented; precise; formal; inaccessible as to trend; memory fault; mystical references; by herself; crying spells; thoughtful attitude; mannerisms at table; peculiarities about dress; poor judgment with money; occasionally severe crying. Case probably paranoid type, mystical in character. Still here. Recently complained that her hair and teeth were pulled out at night time.

Case 12.—Female; 46; several years in county house; in bed for years; active symptoms three weeks before admission; several previous attacks alleged; violent; dangerous; excited and depressed; talks about her baby going to be stolen; talks and acts like a child. Admitted June, 1904; tremor of hands; poor control of facial muscles; rapid heart; hyaline casts; indifferent; untidy; fumbling with bedding; muttering to herself; laughing and crying; resistive and noisy; complains of being stabbed; senseless run of talk; inattentive; apparently does not understand; talked about baby; obscene; irritable episodes; screams and claims labor pains; continues entirely inaccessible; peculiar motions with hands; calls towels and sheets babies; developed tuberculosis. Still here.

Case 13.—Female; 52; limited education; married; 11 children; menopause occurred several years ago; two years ago sore on hand; hard ulcer; treated by physician who called it syphilis; patient tells a consistent story of ulcer on hand, having received infection from soiled garment belonging to hired man, who had syphilis. Onset one year; strange acts, hiding husband's clothing and other household effects; would wander away; excited over trifles; depressed and very despondent regarding her disease; impulsive assaults. These episodes of irritability would be frequent; at no time, expressed any delusional trend; in fact, remaining

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

quite despondent. Admitted September, 1904; poor nutrition; several old scars over body; two recent superficial ulcers, irregular in outline and hard, in right flank; scar of former ulcer on right hand; oriented; agreeable; somewhat emotional; good memory and grasp; felt her son had sent her here to get rid of her; recounts recent experiences with him as to some business disagreements; tearful, at times, on the ground of homesickness; wrote letter severely criticising husband and son for sending her here; somewhat faultfinding; discharged recovered; letter received from family physician stated patient positively had syphilis and responded well to treatment.

Case 14.—Female; common school education; three children; weaver; at 36 nervous prostration; remained easily upset and worrisome; onset two months; vague feelings of fear; excited talk; suicidal attempts; erratic traits. Admitted July, 1904; age 50; restless; flighty run of talk with obscenity and sarcasm; playful remarks; inaccessible as to facts, though saying she was afraid; thought people all immoral; fear of being smothered and killed, "I bite my lips and try not to holler." Attempts, but will not describe hallucinations of hearing. "Voices tell me to do something bad." Excited at interview; became obscene and made many sexual references; subsequent violence; complaint of severe epigastric distress; more composed; became depressed; afraid she was going to have "another crazy spell;" complained of head pressure; wretched feeling; crying episodes; "nerves unstrung;" paroled for a month; returned depressed with increase of head symptoms; "I had fear that I might do something." Irritable; scolding spells; assisted with work; occasionally depressed; crying; recurrent "bad feelings in head;" "something pressing;" more composed; steady worker; discharged improved June, 1906.

Case 15.—Female; common school education; married; one child; age six months; onset since 1895 (at 37); hallucinations of hearing; peculiar conduct; seclusiveness; mute for hours; careless; unsocial; angry episodes; homicidal threats; profane; occasional voices with indifference; hostile towards husband; several weeks before admission increased irritability; indifference, with violent outbreaks; complained of voices; senseless reiterations and elaborations; signs on the wall; men with wooden legs; animals; queer colors; indifference towards child. Admitted July, 1904; age 46; inattentive; monosyllabic; loose trend; contrary; sense-

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less use of words; senseless, scattered delusions; hallucinations of hearing with indifferent reactions; queer somatic delusions with noisy profane talk; voices told her husband and family dead, though indifferent; still here.

NOT INSANE

Case 1.— Admitted November 4, 1903; male; 74; somewhat senile; was held for observation as to any essential insanity; none observed. Discharged December, 1904.

Case 2.— A case of a male aged 18, who had epilepsy since 15. On admission seemed to show no psychic disturbances. Discharged June 1, 1904.



SIXTEENTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
ROCHESTER STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS

Board of Managers

HON. GEORGE RAINES	Rochester
HON. GEORGE HERBERT SMITH	Rochester
DAVID M. GARSON	Rochester
Mrs. LILLIE BOLLER WERNER	Rochester
THOMAS A. O'HARE, M. D.	Rochester
WILLIAM MILLER	Rochester
Miss JANE ROCHESTER	Rochester

Officers of the Board

HON. GEORGE RAINES	President
HON. GEORGE HERBERT SMITH	Secretary

Resident Officers

EUGENE H. HOWARD, M. D.	Superintendent
EZRA B. POTTER, M. D.	First Assistant Physician
CHARLES T. LAMOURE, M. D.	Second Assistant Physician
EDWARD L. HANES, M. D.	Assistant Physician
IRVING L. WALKER, M. D.	Assistant Physician
EVELINE P. BALLINTINE, M. D.	Woman Physician
WILLARD H. VEEDER, M. D.	Medical Interne
INEZ A. BENTLEY, M. D.	Clinical Assistant
JOHN W. KEELER, M. D.	Clinical Assistant
WILLIAM F. GAVIN, M. D.	Clinical Assistant

Treasurer

EUGENE H. HOWARD	Rochester
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Steward

W. S. REMINGTON	Rochester
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Counsel

JOHN A. BARHITE	Rochester
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Board of Consultants

ARCHIBALD DANN, M. D.	Physician
FRANK F. DOW, M. D.	Physician
FREDERICK ZIMMER, M. D.	Surgeon
ROBERT G. COOK, M. D.	Neurologist
JOEL M. INGERSOLL, M. D.	Laryngologist
ROBERT L. CARSON, M. D.	Ophthalmologist
THOMAS E. NESBIT	Dentist

REPORT OF MANAGERS

To the State Commission in Lunacy:

The managers of the Rochester State Hospital respectfully submit the 16th annual report, together with the reports of the superintendent and treasurer for the fiscal year ending September 30, 1906.

The superintendent's report shows that 316 patients have been admitted during the year, eight having come by transfer from other State hospitals. The number discharged during the year was 274, which includes 69 recoveries and 120 deaths.

The report of the treasurer shows the receipts and expenditures for the year. All items of expenditure in detail are to be found on vouchers in the office of the State comptroller and spread upon the books of the hospital. The purchases and contracts have been made in conformity with the provisions of the statute which requires that the estimate system under the supervision of the State Commission in Lunacy shall be the basis for all purchases.

Monthly visits have been made to the hospital by the board of managers during the year when the several departments have been carefully inspected.

The new store has been completed and is now in use. A much more orderly arrangement of supplies and better distribution is the result. The new refrigerating plant in connection with the store is most useful in the preservation of perishable commodities; and the ice machine, after the failure of the ice crop of the past winter, has resulted in financial saving and has been an inestimable convenience.

The bakery building is completed but not yet in use. The laundry building has been made larger by extending it toward the east and additional machinery and new hurricane driers have been provided.

Other improvements during the year have been the extension of water pipes and hydrants to the out-buildings, the renovation of the steam-heating system in the old north building, improvement

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

of the grounds by grading, building cement walks, and the fitting of the infirmary and kitchen windows with fly screens.

When the land south of Elmwood avenue was purchased by the State, a farm house was on the property which is now left, in the placing of the new buildings, in the narrow lawn between the nurses' home and the street in an unsightly location. It is urged that this house be moved and put in repair for the use of the head farmer. The construction of a greenhouse which will enable all the wards to have a better supply of plants and flowers is much desired. In connection with the new buildings and the consequent enlargement of the institution, there should be an industrial building for the tailor, shoemaker, harness repairs and the like. At present the inside shops for the men patients are in the basements, which are poorly lighted and unpleasant.

During the coming year the grounds on Elmwood avenue east of the new hospital should be graded and walks and drives made. The grounds about the new buildings are bare and there is need of trees, shrubs and plants, and a propagating house with hot frames is needed for the garden.

At the lake farm the water for household purposes has to be brought in barrels on a stone boat from a neighbor's well. Undoubtedly on the farm there is excellent water which could be piped and lifted to a water tank convenient for daily use. The barns are badly situated on a hill near the house and are out of repair. They should be moved on to the farm property and rebuilt. At the same time the patients' apartments are in need of enlargement and rebuilding so as to comfortably accommodate 30 patients and receive outing parties from the hospital.

The population of the hospital having been doubled, the room formerly used for entertainments is too small. It can be used as a day room for an additional ward and it is recommended that an ample amusement hall be built, accessible to all the wards. The moving of the boilers to the central power plant makes it desirable to put the present poorly ventilated kitchen into the old boiler house, which has a ridge ventilator and is an attached building. Plans for this have been made by the State architect, which change will make room for a dormitory for 50 patients adjoining the old entertainment room.

The rough plastered walls in the new buildings give the wards a gloomy and homeless aspect and make lodgment for germs and dust. It is recommended that these walls be painted.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

The medical officers find themselves embarrassed and hampered in their work by the need of a suitable mortuary. There are no facilities for autopsies and the erection and equipment of a mortuary should be completed during the coming year.

It is urged that the leaky and odorous cement floors in the lavatories and kitchens of the new buildings be replaced with vitreous tile.

This is the only State hospital not supplied with a house where the superintendent can have the comforts of a home. The close proximity of the administration building in which he resides to the wards, and need of room, require that the rooms occupied be taken for administration uses, and that a sufficient appropriation to build or purchase a superintendent's home be made at once.

The needs of the hospital for the ensuing year have been carefully considered and were agreed upon as necessary at a joint conference of the managers and Commission October 15, 1906. They are as follows:

Tile floor for lavatories and kitchens.....	\$7,500
Sun rooms, women's building east.....	5,000
Porch and veranda, men's building south.....	4,500
Drug rooms and laboratory (central).....	5,700
Mortuary.....	7,000
Building for industries.....	8,000
Painting outside woodwork.....	7,500
Walks and drives.....	1,300
Trees, shrubs and plants.....	575
Moving farm house from in front of nurses' home and repairing same.....	1,250
Greenhouse.....	3,000
Water supply at lake farm.....	750
Moving and rebuilding barns at lake farm.....	1,500
Improvement of patients' apartments at lake farm.....	7,500
Amusement hall.....	25,000
Changing old boiler house to kitchen.....	20,500
Painting interior walls, new buildings.....	12,450
Propagating house, 1,700 sq. ft., with hot frames.....	1,300
Superintendent's house, erection or purchase.....	23,000

The general management of the hospital has been worthy of confidence. It has been particularly difficult on account of the

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

occupancy of new buildings by patients transferred from other hospitals. We appreciate the interest at all times manifested by the State Commission in Lunacy and the other State officers for the welfare of the institution.

Respectfully submitted,

GEO. RAINES

JANE E. ROCHESTER

THOMAS A. O'HARE

WM. MILLER

G. H. SMITH

D. M. GARSON

LILLIE WERNER

Board of Managers

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

The superintendent of the Rochester State Hospital has the honor to submit the 16th annual report of this institution for the year ending September 30, 1906.

During the year the superintendent has directed and controlled the property and concerns of the institution, subject to the statutory powers of the Commission in Lunacy and in accordance with its advice.

As required by law, the articles manufactured by the State prisons have been purchased at the prices fixed by the board of classification. The principal articles of supplies have been obtained by joint purchase with the other hospitals when it has been found practicable to do so, and in other instances have been purchased from the lowest bidders.

The weekly per capita cost of maintenance for the year is \$3.774.

The statistical tables show that among the causes assigned for the insanity of 316 admissions, the physical, including bodily disorders and ill health, were accountable for 210; while the moral including worry, excitement and shock, were operative in 24. Of these 24 cases assigned to moral causes, 19 were due to mental worry and overwork, while five cases were due to adverse conditions. Among the 210 cases assigned to physical causes, 41 were due to alcoholism and drug habituation and nine to acquired syphilis. Of the 316 admissions, 78 were due to what are considered preventable causes.

Among the different forms of insanity from which the 316 cases admitted were suffering, excitement predominated in 58, depression in 52, and other forms of insanity of a dementing character promising little or no hope of recovery in 206. Of the 274 cases discharged during the year 69 were recovered cases, 65 had so far improved as to enable them to live comfortably at home, 20 were unimproved and removed against our advice, and 120 died.

It is interesting to note that of the 69 cases which recovered

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during the year, 60 had been insane only one year, or less, prior to their admission, and that 60 were under treatment at the hospital for a period of less than one year. The average age of the 120 who died was 57 years, with an average duration of insanity of nearly four years and an average hospital residence of nearly four years.

An hereditary tendency to insanity was found to exist in 64 of the 316 cases admitted during the year, paternal branch in 14, maternal branch in 29, and collateral branches in 21, while there existed no discoverable hereditary tendency in 239, and in 13 cases the facts could not be ascertained.

CONDITION OF THE INSTITUTION

The fact that out of every 100 patients living in our hospitals for the insane, only two may hope to resume their places in life, emphasizes the truth that the State has a two-fold duty: to restore the insane to health, if possible; likewise to provide a place of refuge, an asylum for those whose nervous organization is inadequate to meet the stress of civilization — for insanity is a concomitant of civilization. When literature touched the high watermark of Greek tragedy, we observe that Æschylus and Sophocles, as well as in later times our own Shakespeare, recognized the inevitability of occasional instances of mental breakdown in progressive adjustments to environment.

For the reason that the hospital for the insane retains for a lifetime so large a proportion of its population, the establishment of a reception hospital is an eminently comfortable and humane arrangement, as the painful recent cases, with their fluctuations of hope and despair, of excitement and depression, are kept in entire separation from the main body of inhabitants, except as the services of a few selected chronic patients are made useful in the reception wards. A manifold work is performed by a reception department and the estimate of the relative importance of these functions will vary; but without question the first obligation is to the public, which provides the means and, for money paid, receives from the hospital the assurance that behind the locked doors and barred windows the law of wise kindness is paramount. The reception hospital with its modern methods is removing the old time dread of the cruel unknown, and making families less reluctant to avail themselves of the privileges and

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skill not easily found elsewhere. The benefit to the new patients is hardly greater than the relief to the older wards from the disturbance of their presence. Cases of injury or acute illness from all classes of the hospital population may here be properly treated.

The opportunities for accurate observation and study of cases recorded systematically lead to the hope that the work done by the physicians may have an educational value which will result in wide enlightenment on the hygienic, temperate conduct of life, which must be the basis for advance in preventive measures.

CHANGES IN THE STAFF

Dr. Irving L. Walker has been added to the staff by civil service transfer from the Central Islip State Hospital in the grade of assistant physician. Dr. Ruth Demarest was transferred and promoted to the grade of woman physician at the Hudson River State Hospital. Drs. John W. Keeler and William F. Gavin have been appointed in the grade of clinical assistant.

THE RECEPTION WARDS

Organization — The reception hospital included in the new buildings at Rochester provides for 50 patients of each sex in two wards, each having five sub-divisions situated on either side of an administrative center, being connected therewith by one-story solaria, adjoining which are rooms for special therapeutic purposes, i. e. surgery, minor surgery, sterilization, ophthalmology, dentistry, electrotherapy, and hydrotherapy. The wards proper are in separate cottages, two for each sex, situated one in front of the other and connected by a one-story corridor, and there is in the extreme rear of each a small one-story pavilion, containing four rooms for patients and a bath room and lavatory. The opportunities for classification in a service receiving the variable types of cases observed among the acute admissions will thus be apparent. Each ward comprises 33 single rooms and three dormitories containing eight, six and three beds respectively. It has been possible to render this service extremely homelike and to assign every suitable case to a single room liberally provided with appropriate furniture.

The importance of the individual rooms in administering to the comfort of the new cases and to the peace of mind of anxious relatives for the first time becoming acquainted with the character

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of our hospital cannot be overestimated. Filled with popular prejudice against institutions for the insane they are at once agreeably surprised by the spaciousness of the wards, the brightness and attractiveness of the surroundings and the absence of large groups of eccentric figures.

It is needless to say that this first impression can but have a beneficial effect upon the patient himself, for in point of fact if he be of the recoverable type he never really knows anything of "asylum" life at all in the usual significance of that term, while from the minds of relatives anxious forebodings and worries are dispelled, and confidence, appreciation, and unstinted praise for the humanity thus evidenced by the State are freely expressed. Again, in cases which must ultimately be sent to other portions of the institution, the change is usually one of gradation and when it comes the friends are reconciled and better able to appreciate the advantages of the older wards.

The natural arrangement, and the one which has been adopted, would seem to be that the markedly disturbed cases be treated and cared for in the small pavilion where access can be had with the greatest facility to the tub bath and the noise and confusion removed from the more populous and open divisions of the ward. In the rear cottage, the second floor, with nine single rooms, and the largest dormitory of eight beds, is occupied by the quiet, depressed, suicidal and acutely ill. Here, also, a serving-room, equipped with ice chest, steam table, crockery, cupboard and sink, for the immediate preparation and serving of food to bed patients, is provided. On the first floor mildly disturbed cases are detained and here also the general ward bathing by means of the spray is done, though each division of the ward has its own lavatory and bath-room for those who are sufficiently appreciative and desirous of private or tub baths. Utility rooms for use as a barber-shop, ironing-room, mending-room, physician's private examination room, etc., as well as clothes-rooms, are established on both floors. As the patients improve the general reading-room below and the front portions of the house are made available to them; thus for the women, in the front cottage, the second floor provides sewing machines and a weaving loom, while for the men an amusement and smoking-room, equipped with billiard and card tables, is a very agreeable and necessary feature. The first floor of the front cottage is the convalescent portion of the ward and here the trustworthy and adaptable cases are allowed to remain, taking interest

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in and practically being held responsible for the entire house-keeping of their division. Here also parole patients are given extreme privileges, on one hall it having been found possible to remove all window guards and to permit the occupants to come and go at will, and this part of the cottage has afforded a suitable place for the treatment of surgical and prolonged medical cases occurring among our employees.

Methods of Administration — Patients are admitted through the reception office where a cursory examination of the admission papers and other data adduced by accompanying attendants or relatives determine the division of the ward to which they shall be assigned. Senile and infirm cases and transfers of a chronic class from other institutions are usually sent at once to other wards of the hospital but, with this exception, nearly every case of either short or long standing is detained in the reception wards pending careful physical and mental studies by attending physicians. On the basis of such investigations therapeutic indications become apparent and the subsequent disposition of each case is determined. As soon as all the available facts have been arranged for the purpose of diagnosis such cases are presented at staff meetings held twice weekly in the medical office of the reception building. At these meetings questions of diagnosis and treatment are discussed, together with other points of importance which may require consideration.

The moral effect of so much attention to details, together with the ultimate formal presentation before the staff, is usually pronounced on the appreciative patients and on solicitious relatives who are thus led to feel that the best thought and effort, not alone of the attending physicians but of the entire medical corps of the hospital, is being put forth in their interests. When the plan of individual case presentation before the staff was first inaugurated considerable doubt as to the expediency of this formality was aroused. It was thought patients might be subjected to embarrassment and their fears and suspicions or excitement increased. It is a fact of daily observation, however, that directly the opposite effect commonly obtains and that the patients, in the majority of instances, look forward to the consideration of their cases by the "entire" staff with interest and enthusiasm and that the early nostalgic days are thus filled with stimulant ideas of a hopeful character. The fact that a number of physicians have taken so much interest in them and have talked freely and pointedly with

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them relative to the troubles by which they are overwhelmed serves to enlist their respect for the sincerity of the management in the desire to help them, and they are usually able to accept in a proper spirit the suggestions made to them on such occasions, notwithstanding the frequent necessity for definitely opposing their own ideas and wishes relative to the continuance of their residence in the hospital.

The attempt has been successfully made during the past year to retain in the reception wards all cases of favorable prognostic import, as well as others of unusual scientific interest. Every effort is put forward for the study and cure of these patients, the entire time of two assistant physicians being given to these cases (at all times fewer than 100) and such labors are supplemented by those of two recent medical graduates designated as clinical assistants.

A number of nurses greatly in excess of the common ratio existing throughout other divisions of the hospital, are assigned under the immediate direction of a woman supervisor to attendance on the patients, about one attendant to five patients during the day and one to 12 at night being employed. In view of the character of the nursing, members of the training school are selected for service on these wards, and special instruction and demonstrations in the various technicalities of the nursing profession are here given.

All major surgical and many special medical cases, including those strongly inclined to suicide, are brought to these wards for treatment and care in view of the larger facilities which are here afforded for special work of this character. Consultant specialists in the various fields of dentistry, ophthalmology, laryngology, neurology, surgery and general medicine visit the hospital from the city, as occasion may require, the first two mentioned giving regular monthly treatments.

Therapeutic conduct — The policy of our State to rid its hospitals for the insane, so far as possible, of the odium which has always so tenaciously attached to the institutions of such character is well recognized and unremitting. Under the fostering control of the State Commission in Lunacy which has since its organization constantly exerted its influence for the betterment of hospital conditions and management — visiting the various institutions frequently and extending wise counsel; bringing the superintendents together at short intervals for purposes of close discussion and

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understanding of the various uplifting phases of care and treatment — it is not surprising that the present conditions in this State are worthy of emulation in most respects. Partly, however, as the result of the intense effort which has thus been put forth and partly in accordance with the influence of the present epoch in the humane care of the insane through which we are passing, the oscillations of the therapeutic pendulum have become somewhat irregular and confusing. Thus we now observe a strong tendency toward the extreme in methods of care and treatment of the insane — one might almost refer to the “insanity” of therapeutics in this connection — certainly we may justly be accused of considerable fadism, and fadism in this branch of medicine leads inevitably to a partial neglect, at least, of some of the valuable and available methods approved by psychological medical science. An humane attempt to administer to the manifold vagaries of the alienated mind, with its ever-changing expressions of disordered judgment and psycho-motor phenomena, demands the greatest breadth of the physician’s grasp and the utmost resources of his art. He may not adopt general procedures applicable to large groups of cases and from which there may be no deviation, for groups from the therapeutic standpoint do not exist and routine is a dark cloud which, if permitted, obscures the entire horizon of him who practices it. Practical daily contact with all classes of the insane by open minded physicians, anxious to relieve suffering and administer to the comfort and welfare of their patients in accordance with all the tenets of their high calling, will demonstrate the necessity for variation in the application of measures to meet the widely different manifestations of the individual case.

It appears eminently proper to state that we deprecate an attitude which would lead us to treat indiscriminately nearly all cases by means of hydrotherapy and the continuous warm bath; or to abolish the use of all sedatives; or to refuse to apply mechanical restraint where indicated; or to remove the window-guards and locks from doors throughout the entire institution; or to place every one in bed for purposes of “rest cure;” or to set to work every patient able to walk. It seems admirable not to use mechanical restraint, but it is our experience that many a case will resist to the limit of his strength the presence and efforts of a nurse to control him. It is equally true that such an extremely excited and irascible individual will frequently become quiet under the influ-

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

ence of a protection-sheet, and even request its application. Those not absolutely familiar with all the phases of insanity will hardly appreciate what it sometimes means when no sedatives are administered in an institution populated by many highly excited individuals — they fail to understand what it means to let one case of noisy excitement scream in the ears of 10 or 20 patients, themselves of excitable, nervous temperaments — they are even blinded to the distress of the individual, himself, as a result of his prolonged psychic agitation, physical expenditure of energy, inability to rest and the utter demoralization which ensues as a result of withholding the needed sedative at the proper time. Neither are they aware of the violent struggles and pathetic pleadings which often are experienced before a semi-delirious patient, dominated by alarming delusions, can be calmed by hydrotherapy — they do not see the weakness and actual syncope which occasionally result from the prolonged hot bath, and they do not know of the elopements and aimless, hungry wanderings of poor demented unfortunates who have been improperly allowed the privilege of the unguarded and unlocked ward. Yet all these and many other lamentable consequences result from stereotyped and whimsical methods in the care of the insane.

With the conviction, therefore, that it is unwise to avoid any measure which judgment and experience may prove to be of value for the improvement of the individual under consideration, we have brought to our aid hydrotherapy in the form of prolonged hot baths and packs, moderate restraint where indicated, sedatives when the comfort of the individual and his fellows demanded it, surgery, gynecology, dentistry, ophthalmology, occupation, as the best judgment of the attending physicians, staff or consulting specialists has dictated.

Résumé of the year's work — The reception wards of the new group were opened to patients in July, 1905, and the work of organization was pushed forward till at the beginning of the fiscal year, October 1, 1905, there were under treatment on these wards 49 men, two of whom were home on parole to the care of friends, and 54 women, six of whom were likewise on parole. While it is the purpose of this résumé to consider only the cases admitted during the past year, it is interesting to note that of those remaining on the reception wards at the beginning of this period, 24 have since recovered and left the institution, while 14 have been

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

discharged improved, two unimproved, three died and 42 were transferred to other departments, leaving only 18 patients in the reception department who have resided in the hospital over a year.

From October 1, 1905, to September 30, 1906, there were admitted to the reception wards 129 men and 112 women who were detained thereon till either discharged from the institution, or studies tending to diagnosis and indicative of treatment had been completed. Other admissions to the hospital of the senile and infirm or presumably chronic classes were detained only till their proper disposition in the institution could be determined, or were received at once on suitable wards, and are not further considered in this portion of the report. Of the 241 patients of both sexes studied and treated on the reception wards, however, 41, or 17 per cent, were discharged recovered; 17, or seven per cent, improved; eight, or three and one-half per cent, unimproved, while 15, or six and one-quarter per cent, died. Of those remaining 87, or 36 per cent, appeared to be deteriorated or afflicted with psychoses of an extended or chronic character, and were transferred to other departments, leaving 73, or 30 per cent, still under treatment on the reception wards.

Classification of types—A computation dealing with so important and interesting a phase of prognosis in mental diseases as that of "recoveries" would appear to be rational and warranted only when types of cases presenting possibilities of recovery are considered. Deference to long established custom, however, constitutes our apology for the above calculation in terms of per cent on total cases admitted and studied on the reception wards during the year. As far more suggestive would be a study of the recoveries based on groups of cases which fall diagnostically under types of mental disease which experience has proved to possess at least remote possibilities for recovery. Such an analysis would exclude general paresis, organic brain lesions, chronic constitutionally developed paranoias, senile psychoses and those due to constitutional neuroses, considering more appropriately those psychoses due to intoxications, the autotoxic, infective-exhaustive groups and the symptomatic-prognostic types. Under the following sub-divisions of these groups there were 83 men and 86 women, a total of 169 patients, on which basis the recorded recoveries within the year (41) give a percentage rate of $24\frac{1}{3}$.

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RECOVERABLE TYPES

Alcoholic psychoses	30
Drug psychoses	4
Autotoxic, infective or exhaustive disorders	11
Conditions akin to exhaustive-infectious types	2
Depressions not belonging to other specific groups	22
Dementia praecox	46
Conditions akin to deterioration types	12
Manic-depressive psychoses	27
Conditions allied to manic-depressive psychoses	15
	<hr/>
	169
	<hr/>

Classification of cases — In view of the more extended lines of inquiry and persistent determination to be guided only by tangible facts in each case which at present characterize the efforts put forth by the State hospitals in their investigations of clinical psychopathology, it is interesting to note the result of such studies along the lines of diagnosis, following the broad methods of grouping suggested by Dr. Adolf Meyer in the last annual report of the Pathological Institute.

A. Disorders etiologically characterized:

	Men	Women	Total
(1) Psychoses with a nervous disease or nervous complex or tangible			
brain disease			9
Brain tumor with mental symptoms		1	
Traumatic psychoses	2		
Distinct focal cerebral disease	2	1	
Brain syphilis	1	1	
Motor aphasia	1		
(2) Senile psychoses			10
Simple dementia	1	1	
Senile delirium		2	
Paranoid type	1	1	
Korsakoff's complex	1	1	

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
Dementia with episode of manic-depressive excitement		1	
Arterio-sclerotic complex . . .	1		
(3) General paralysis			15
Cerebral form	7	3	
Tabetic form	5		
(4) Locomotor ataxia with mental symptoms	1		1
(5) Huntington's chorea with dementia	1		1
(6) Little's complex with hysteria . . .	1		1

II. Psychoses of intoxications.

(1) Alcoholic psychoses			30
Pathological intoxications . . .	3	1	
Delirium tremens	5		
Acute and sub-acute hallucinoses	5	2	
Korsakoff's complex	1	1	
Alcoholic paranoic conditions	3	2	
Alcoholic disorders of more independent symptomatic type	2	3	
Alcoholic constitutional deterioration	2		
(2) Drug psychoses			4
Morphinism	1	1	
Tea toxicoses		1	
Plumbism	1		

III. Autotoxic, infective or exhaustive disorders

			11
Infective-exhaustive psychoses		2	
Exhaustive deliria	2	2	
Febrile and post-febrile deliria	5		

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B. *Symptomatic-prognostic groups with complex etiology:*

	Men	Women	Total
(1) Conditions akin to the exhaustive-infectious types (non-differentiated deliria and confusion states)		2	2
(2) Depressions not belonging to other specific groups			22
Essential depressions not sufficiently differentiated .		1	
Symptomatic depressions . . .	2		
Depressive hallucinoses	2	2	
Agitated depressions or anxiety-psychoses (largely of the involutional period) . .	4	11	
(3) Essential deterioration or dementia præcox			46
Simple forms	4		
Hebephrenic forms	9	13	
Catatonic forms	4	3	
Paranoid forms	4	9	
(3a) Conditions akin to the deterioration types, symptomatically or etiologically or both	2	10	12
(4) Paranoid conditions			11
Chronic systemized delusions of fantastic-expansive type	3		
Chronic systemized delusions of persecution	2	2	
Chronic unsystemized delusions of persecution	1	1	
Paranoid states (ideas of jealousy)	2		
(5) Manic-depressive psychoses			27
Manic attacks	9	8	
Depressive attacks	6	2	
Mixed states	1	1	

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	Men	Women	Total
(5a) Conditions akin to manic-depressive psychoses			15
Manic	3	5	
Depressive	3	4	

C. *Psychoses belonging to definite neuroses or make-up:*

Psychasthenic insanity		1	1
Epileptic insanity	8	4	12
Hysterical insanity		4	4
Constitutional inferiority and abnormal make-up with or without outbreaks		2	2
Imbecility	3		3
Imbecility of traumatic origin	1		1
Undetermined	1		1
	<hr/>	<hr/>	<hr/>
	129	112	241
	<hr/>	<hr/>	<hr/>

Other work and considerations — During the year there have been 28 operations: 13 of the 28 patients operated upon were from other services, but previous to and following operation, until convalescence was established, were cared for on these wards. Dr. Frederick Zimmer, the surgeon of the consulting staff, has been untiring in his efforts. He has given much valuable time and skill in behalf of the patients needing operations or surgical attendance.

Arrangements have been made so that gynecological and minor surgical treatments are given regularly on Tuesdays and Saturdays in the operating room and as much oftener as occasion demands. The total number of visits made by patients for this purpose was 462, the actual number of patients being 96, 26 of whom were from other services.

The chief benefits resulting from differentiated hospital treatment are not those that can be made apparent by statistics. The recovery of one useful member of society spreads hope in the hospital and in the community. Society has performed its duty to its most unfortunate class when it has tried all methods that humane medical science suggests to promote recovery, but the standard of

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

custodial care is also an index of the advancement of any commonwealth.

In November the Rochester Academy of Medicine held a meeting in one of the solaria of the reception building. The subject to which attention was invited on that occasion was a symposium on dementia præcox, with presentation and demonstration of typical cases under each of the three sub-divisions of this group. The paper also embraced an etiological analysis of 102 cases of dementia præcox admitted to the hospital during the preceding two years, and pointed out strikingly the marked hereditary and constitutional taints commonly observed among cases of this type of alienation.

Somewhat later in the winter a meeting of the hospital staffs was held in the offices of the reception building, representatives from Willard, St. Lawrence, Utica, Binghamton, Buffalo and Gowanda State Hospitals and from the Craig Colony for Epileptics being present. Groups of organic and of atypical involuntional cases were presented. A series of malformed epileptic brains removed at autopsy was shown by Dr. Donald Ross, the Craig Colony representative, and formed a topic of much interest at this meeting. Dr. Meyer, of the Pathological Institute, New York city, who conducted the meeting, gave a discourse, illustrated by lantern slides, during the evening of the 27th on "The present status of our knowledge of the development of the neuro-fibrils;" to this meeting members of the Rochester medical societies were invited.

Staff meetings were held twice each week throughout the year for the joint consideration of matters pertaining to the patients and of the details of hospital management.

TRAINING SCHOOL

The training school for nurses has been conducted in a thorough and systematic manner. It is a pleasure to acknowledge the painstaking efforts of the officers and nurses for the welfare of the patients and nowhere is it more manifest than in the conduct of the training school.

AMUSEMENTS AND OCCUPATIONS

During pleasant weather the lake farm has been a never failing source of interest and entertainment for the patients. Its conception and use has proven to be by far the most satisfactory de-

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

parture for the entertainment and healthful occupation of patients that has been undertaken by this hospital. Incidentally it has been well tilled and is a source of profit.

Occupation and amusement in the care and treatment of the patients have been constantly kept in the foreground. A large proportion is daily employed in industrial classes under the guidance of the nurses and attendants as instructors and companions.

The regular indoor entertainments during inclement weather have been continued as usual.

SUGGESTIONS AND COMMENTS

To facilitate the medical work there should be a suitable place for dead bodies, and for autopsies. The adjoining almshouse formerly allowed us to use their mortuary but this is no longer possible. The proximity of a dead body is particularly distressing to the insane.

Shops for State hospital industries are a necessity. The basements of the men's buildings are impossible, being dark, damp and honeycombed at all heights with steam and water pipes.

A building should be erected to provide shops for the trades and industries of the men patients.

Walks and drives are needed about the new buildings. The unskilled work connected therewith can be done by the hospital force.

The grounds have but few shade trees.

The wards and premises would be much improved by the products of a suitable greenhouse. The small place now in use for this purpose is inadequate for the needs of the enlarged hospital.

It is desired that the summer home at the lake be made more comfortable and that a reasonable allotment be made therefor.

The amusement room at the present time is not large enough for the increased population. It could be used for a patients' day room.

The moving of the boilers makes it possible to put the present kitchen in the old boiler-house, which has a ridge ventilator. The kitchen now is very close and hot in summer. This change will make room in the upper story of the rear center for 50 patients, as the dining-room adjoining the amusement hall will serve as a dormitory, its place being supplied by the room now used as a kitchen.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

The list of improvements needed for the coming year as outlined by the board of managers and submitted to the Commission will do much toward placing the enlarged hospital on a more satisfactory working basis than has been possible during the past year.

The hospital has benefited by frequent visits of the State Commission in Lunacy and its medical inspector, also of the State architect and his assistants. Frequent visits have been made by the board of managers and the representatives of the State Charities Aid Association. Our thanks are due to all for kindly advice and assistance.

Respectfully submitted,

EUGENE H. HOWARD

Superintendent

TREASURER'S REPORT

To the State Commission in Lunacy:

The treasurer respectfully submits the following statement for the year ending September 30, 1906.

SPECIAL FUND

Receipts

From State treasurer for extraordinary improvements:

Balance October 1, 1905.....	\$695 57
Chapter 635, Laws 1904.....	85,399 49
	<hr/>
	\$86,095 06

Expenditures

Chapter 635, Laws 1904	\$85,399 49
Balance September 30, 1906	695 57
	<hr/>
	\$86,095 06

MANUFACTURING DEPARTMENT

Receipts

Balance October 1, 1905	\$5,145 02
From State hospitals	20,496 65
From all other sources	599 91
	<hr/>
	\$26,241 58

Expenditures

For running expenses	\$2,711 73
For stock	17,253 45
For uniform account	435 36
Balance September 30, 1906.....	5,841 04
	<hr/>
	\$26,241 58

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

MAINTENANCE FUND

Receipts

Balance October 1, 1905.....	\$761 01
From State treasurer, maintenance.....	244,000 00
From private patients	1,253 26
From reimbursing patients	10,972 10
From all other sources	380 53
	<hr/>
	\$257,366 90
	<hr/>

Expenditures

For salaries	\$15,241 59
For wages.	81,760 51
For provisions and stores	82,292 70
For ordinary repairs	3,932 86
For farm and grounds	6,032 37
For clothing	10,618 71
For furniture and bedding	5,325 48
For stationery supplies	2,177 88
For fuel and light	28,494 19
For medical supplies	1,886 32
For miscellaneous supplies	5,447 94
For transportation of patients	520 98
To State treasurer	12,307 21
Balance to treasurer State hospitals September 30, 1906.	1,328 16
	<hr/>
	\$257,366 90
	<hr/>

Weekly per capita cost on daily number of patients — 1,242 — estimates 1 to 12, inclusive, and ex- clusive of payments for extraordinary improve- ments and manufacturing	\$3.774
	<hr/>

Respectfully submitted,

E. H. HOWARD

Treasurer

REPORT OF THE STEWARD

The steward makes the following report of the production of the farm and garden:

FARM

Credit

Apples, 900 bushels, at 50 cents	\$450 00
Alfalfa, 35 tons, at \$5.00	165 00
Chicken, 200 lbs., at 15 cents.....	30 00
Cherries, 700 lbs., at 6 cents	42 00
Carrots, 270 bushels, at 30 cents.....	81 00
Clover, green, 200 tons, at \$2.50.....	500 00
Eggs, 320 dozens, at 20 cents.....	64 00
Ensilage, 90 tons, at \$3.50.....	315 00
Green fodder, 24 tons, at \$3.00.....	72 00
Hay, 125 tons at \$12.00.....	1,500 00
Mangel wurtzels, 950 bushels, at 20 cents.....	190 00
Milk, 28,000 quarts, at .0325 cents.....	2,535 00
Oats and peas, 24 tons, at \$3.00.....	72 00
Pork, 19,670 4-15 lbs., at .075 cents.....	1,475 27
Potatoes, 1,604 bushels, at 50 cents	904 00
Rye, green, 64 tons, at \$3.00.....	192 00
Turkey, 105 lbs., at 14 cents.....	14 70
	\$8,601 97

GARDEN

Credit

Beets, early, 175 bushels, at 30 cents..	\$52 50
Beets, late, 488 bushels, at 30 cents.....	146 40
Beets, green, 200 bushels, at 25 cents.....	50 00
Corn, sweet, 40,000 ears, at 75 cents per hundred..	300 00
Celery, 8,005 bunches, at 3 cents.....	240 15
Cabbage, 60,000 lbs., at 50 cents per hundred.....	300 00
Carrots, 400 bushels, at 30 cents.....	120 00
Cucumbers, 197 bushels, at 50 cents.....	148 50
Horse radish, 41 bushels, at 50 cents.....	20 50
Lettuce, 188 bushels, at 40 cents.....	75 20

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Onions, early, 12,126 bunches, at 2 cents.....	\$242 52
Onions, late, 387 bushels, at 60 cents.....	232 20
Plums, 14 bushels, at 75 cents.....	10 50
Peas, 128 bushels, at 75 cents.....	96 00
Parsnips, 400 bushels, at 40 cents.....	160 00
Radishes, 5,764 bunches, at 4 cents.....	230 56
Radishes, 197 bushels, at 75 cents.....	147 75
Rhubarb, 1,723 bunches, at 5 cents.....	86 15
Raspberries, black, 1,145 quarts, at 6 cents.....	68 70
Raspberries, red, 1,420 quarts, at 8 cents.....	113 60
String beans, 250 bushels, at 50 cents.....	125 00
Salsify, 138 bushels, at 50 cents.....	69 00
Squash, summer, 35,000 lbs., at 1.00 per hundred..	350 00
Squash, Hubbard, 32,000 lbs., at \$1.00 per hundred	320 00
Turnips, 800 bushels, at 25 cents.....	200 00
Tomatoes, ripe, 550 bushels, at 40 cents.....	220 00
Tomatoes, green, 197 bushels, at 25 cents.....	49 25
Water melons, 202, at 10 cents.....	20 20
Musk melons, 300, at 5 cents.....	15 00
	<hr/>
	\$4,209 68
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SUMMARY — FARM AND GARDEN

Debits

Amount charged farm and garden.....	\$4,064 73
Amount of farm wages.....	4,556 75
Value of products consumed by farm animals, etc..	2,688 94
Net profits to balance	5,225 75
	<hr/>
	\$16,536 17
	<hr/>

Credits

Total garden products.....	\$4,209 68
Total farm products	8,601 97
Credit for teams drawing coal, etc.....	1,641 47
Excess of inventory over last year.....	2,083 05
	<hr/>
	\$16,536 17
	<hr/>

Respectfully submitted,

W. S. REMINGTON

Steward

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	461	762	1,223
Admitted during year ending Sept. 30, 1906..	157	159	316
On original commitments:			
From residences.....	141	149	290
By transfers from county houses.....	12	6	18
By transfers from other institutions for insane.....	4	4	8
Total number under treatment during year..	618	921	1 539
Daily average population.....	469.1	772.79	1,241.9
Capacity of institution.....	500	805	1,305
Discharged during the year:			
As recovered.....	28	41	69
As improved.....	40	25	65
As unimproved.....	14	6	20
Died.....	53	67	120
Whole number discharged during the year...	135	139	274
Remaining October 1, 1906.....	483	782	1,265

TABLE No. 2

October 1, 1905 to September 30, 1906

Date of opening.....	1891
Total acreage of grounds and buildings.....	216 75
Value of real estate, including buildings.....	\$626,076 24
Value of personal property.....	51,424 93
Acreage under cultivation.....	60.02

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	\$761 01
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	244,000 00
From private patients.....	1,253 26
From reimbursing patients.....	10,972 10
From all other sources.....	380 53

Total receipts for maintenance.....	\$257,366 90
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Total receipts from State Commission in Lunacy for extraordinary improvements and balance, Oc- tober 1, 1905, chapter 635.....	\$86,095 06
Total receipts from manufacturing fund and bal- ance, October 1, 1905.....	26,241 58

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$15,241 59
Estimate No. 2. For wages.....	81,760 51
Estimate No. 3. For provisions and stores.....	82,292 70
Estimate No. 4. For ordinary repairs.....	3,932 86
Estimate No. 5. For farm and grounds.....	6,032 37
Estimate No. 6. For clothing of patients.....	10,618 71
Estimate No. 7. For furniture and bedding....	5,325 48
Estimate No. 8. For books and stationery.....	2,177 88
Estimate No. 9. For fuel and light.....	28,494 19
Estimate No. 10. For medical supplies.....	1,886 32
Estimate No. 11. For miscellaneous expenses....	5,447 94
Estimate No. 12. For transportation.....	520 98

Total disbursements, estimates 1 to 12 inclu- sive.....	\$243,731 53
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To State treasurer, sundry receipts.....	\$12,307 21
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To Carroll F. Smith, treasurer State hospitals, maintenance balance, October 1, 1906.....	\$1,328 16
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ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$85,399 49
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Total disbursements during year, manufacturing fund	\$20,400 54
Balance to Carroll F. Smith, account..	5,841 04
	<hr/>
	\$26,241 58

Balances October 1, 1906, special fund, chapter 635	\$695 57
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Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.774
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Maximum rate of wages paid nurses:

Men	\$41 25
Women	35 00

Minimum rate of wages paid attendants:

Men	\$22 00
Women	16 00

Proportion of day attendants to average daily population	1 to 8
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Proportion of night attendants to average daily population	1 to 48
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Percentage of daily patient population engaged in some kind of useful occupation.....	57
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Estimated value of farm and garden products during year	\$11,875 75
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Estimated value of articles made or manufactured by patients during year	14,187 62
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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year.

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends business troubles, etc.).....	4	1	5	1	.....	1	....
Mental strain, worry and overwork (not included in above)...	8	9	17	3	4	7	....
Religious excitement...	1	.....	1	1	.....	1	....
Love affairs (including seduction).....	.....	1	1	.....	.....	.....	.....
Physical:							
Intemperance.....	34	7	41	4	3	7	....
Veneral diseases.....	7	2	9	1	2	3	....
Masturbation.....	3	.....	3	2	.....	2	....
Sunstroke.....	3	.....	3	.....	.....	.....	.....
Accident or injury....	3	.....	3	2	.....	2	....
Parturition and puerperium.....	.....	5	5	.....	1	1	....
Lactation.....	.....	1	1	.....	1	1	....
Change of life.....	.....	11	11	.....	4	4	....
Privation and overwork.....	9	11	20	.....	.....	.....	.....
Epilepsy.....	10	9	19	5	3	8	....
Other convulsive disorders.....	1	.....	1	.....	.....	.....	.....
Diseases of skull and brain.....	9	4	13	1	2	3	....
Old age.....	16	22	38	.....	2	2	....
Abuse of drugs.....	1	4	5	.....	.....	.....	.....
All other bodily disorders and ill health.	12	26	38	2	11	13	....
Hereditary.....	14	11	25	14	11	25	....
Congenital defect.....	4	10	14	5	.....	5	....
Unascertained.....	18	25	43	6	1	7	3
Total.....	157	159	316	47	45	92	3

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	28	7	3
General paralysis.....	14	1	18
Senile insanity.....	57	1	50
Epilepsy with insanity.....	18	2	8
Imbecility, idiocy with insanity.....	7	1	1
Other psychoses.....	192	57	40

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TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			Total	DURATION PREVIOUS TO ADMISSION			Total		
	Men	Women	Men		Women	Men	Women			
Under one month.....	14	14	28	.....	109	137	246	21	13	34
One to three months.....	7	12	19	.....	79	97	176	101	85	186
Three to six months.....	1	3	4	10	25	53	78	83	155	238
Six to nine months.....	2	7	9	2	19	46	65	39	75	114
Nine months to one year.....	.....	.....	.....	.....	3	13	16	10	35	45
One year to eighteen months.....	3	1	4	3	17	24	41	17	36	53
Eighteen months to two years.....	.....	2	2	1	3	9	12	4	7	11
Two to three years.....	.....	.....	.....	.....	12	13	25	4	10	14
Three to four years.....	.....	.....	.....	.....	2	11	13	3	1	4
Four to five years.....	.....	.....	.....	.....	5	4	9	2	1	3
Five to ten years.....	1	1	2	.....	7	9	16	2	4	6
Ten to twenty years.....	1	1	2	5	7	1	1	2
Unascertained.....	4	2	6
Total.....	28	41	69	28	41	69	287	423	710	710

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				2		2
Influenza.....				2	5	7
Cerebro-spinal meningitis.....				1		1
Erysipelas.....				2	1	3
Septicemia and pyemia	1	1	2	2	4	6
Dysentery.....		2	2		2	2
Tuberculosis.....	5	2	7	40	38	78
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....				1		1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				2	2	4
Diseases of the stomach.....				3	2	4
Diseases of the intestines.....	2	9	11	17	53	70
Diseases of the liver.....				2	3	5
Diseases of the pancreas.....				1		1
Diseases of the peritoneum.....				2	1	3
Appendicitis.....					1	1
Diseases of the respiratory system:						
Diseases of the bronchi.....	1	1	2	2	27	29
Diseases of the lungs.....	1	1	2	29	27	56
Diseases of the pleura.....					1	1
Diseases of the circulatory system:						
Diseases of the pericardium.....				1		1
Diseases of the heart.....	3	9	12	20	23	43
Arterio-sclerosis.....				12	3	15

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Exophthalmic goitre.....		1	1	.....	1	1
Diseases of the genito-urinary system.....	1	.....	1	7	7	14
Diseases of the nervous system:						
Diseases of the nerves..	1	.....	1	1	1	2
Diseases of the spinal cord.....				4	.....	4
Diseases of the meninges.....	2	1	3	9	3	12
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)...	2	8	10	46	46	92
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				2	1	3
Epilepsy.....	3	2	5	31	19	50
Mental diseases:						
Exhaustion of acute mental disease.....						
Exhaustion of chronic mental disease.....	3	6	9	67	90	157
General paralysis of the insane.....	17	3	20	144	26	170
Debility of old age.....	11	20	31	58	82	140
Accident.....				1	5	6
Suicide.....				6	7	13
Surgical and gynecological diseases and diseases of the skin.....				3	3	6
Malignant new growths or cancer.....		1	1	4	12	16
Total.....	53	67	120	525	495	1,019

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	5	9	14	128	151	279
Maternal branch.....	8	21	29	109	223	332
Paternal and maternal branches.....				17	12	29
Collateral branches....	9	12	21	199	231	430
No hereditary tendency	131	108	239	896	1,065	1,961
Unascertained.....	4	9	13	445	411	856
Total.....	157	159	316	1,794	2,093	3,887

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	60	46	106	880	819	1,699
Married.....	84	86	170	722	877	1,599
Widowed.....	13	25	38	165	376	541
Divorced.....		2	2	16	15	31
Unascertained.....				11	6	17
Total.....	157	159	316	1,794	2,093	3,887

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	1	6	34	9	43
Academic.....	10	24	34	84	142	226
Common school.....	113	111	224	1,374	1,442	2,816
Read and write.....	7	9	16	102	110	212
Read only.....	5	3	8	56	131	187
No education.....	10	8	18	83	158	241
Unascertained.....	7	3	10	61	101	162
Total.....	157	159	316	1,794	2,093	3,887

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TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	6	5	11	12	10	22	55	46
One to three months.....	9	4	13	8	10	18	61	49
Three to six months.....	3	3	6	4	5	9	37	28
Six to nine months.....	4	5	9	4	4	8	41	29
Nine months to one year.....	1	2	3	1	6	7	12	10
One year to eighteen months.....	8	9	17	7	12	19	68	62
Eighteen months to two years...	1	4	5	1	.....	1	10	12
Two to three years.....	5	4	9	5	6	11	63	58
Three to four years.....	3	1	4	3	1	4	31	25
Four to six years.....	3	3	6	4	3	7	44	41
Six to ten years.....	1	8	9	1	4	5	31	42
Ten to twenty years.....	5	5	10	3	2	5	32	44
Twenty years and over.....	1	3	4	.....	4	4	15	19
Unascertained.....	3	11	14	.....	.....	.....	23	31
Total.....	53	67	120	53	67	120	523	496
Average duration of insane life (years and tenths)			5.5			8.4		
			1			.....	
			6.3			.....	
			8.5			.....	
			1,019			496		
			1,019			523		
			1,019			496		

ROCHESTER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				3	2	5
From 15 to 20 years...	5	5	10	64	45	109
From 20 to 25 years...	9	8	17	157	149	306
From 25 to 30 years...	16	14	30	206	192	398
From 30 to 35 years...	24	26	50	236	248	484
From 35 to 40 years...	11	16	27	216	257	473
From 40 to 50 years...	30	30	60	379	443	822
From 50 to 60 years...	31	24	55	246	320	566
From 60 to 70 years...	20	16	36	160	234	394
From 70 to 80 years...	6	12	18	88	148	236
From 80 to 90 years...	5	8	13	36	54	90
From 90 years or over...				1	1	2
Miscellaneous.....				2		2
Total.....	157	159	316	1,763	2,047	3,887

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	3	1	4	21	16	37
From 20 to 30 years...	6	10	16	75	128	203
From 30 to 40 years...	11	13	24	74	130	204
From 40 to 50 years...	4	7	11	76	86	162
From 50 to 60 years...	3	7	10	26	48	74
From 60 to 70 years...	1	2	3	15	13	28
From 70 to 80 years...		1	1		2	2
Total.....	28	41	69	287	423	710

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TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....				4	1	5
From 20 to 25 years.....		1	1	12	11	23
From 25 to 30 years....	1	3	4	26	25	51
From 30 to 35 years....	4	4	8	36	22	58
From 35 to 40 years....	3	4	7	53	44	97
From 40 to 50 years....	8	12	20	107	70	177
From 50 to 60 years....	13	10	23	98	74	172
From 60 to 70 years....	11	11	22	81	97	178
From 70 to 80 years....	9	13	22	77	98	175
From 80 to 90 years....	4	9	13	29	50	79
Over 90 years.....					4	4
Total.....	53	67	120	523	496	1,019

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	39	27	66
One to three months.....	18	26	44
Three to six months.....	16	26	42
Six to nine months.....	11	18	29
Nine months to one year.....	3	4	7
One year to eighteen months.....	12	12	24
Eighteen months to two years.....	4	1	5
Two to three years.....	5	6	11
Three to four years.....	3	7	10
Four to five years.....	6	8	14
Five to ten years.....	11	14	25
Ten to fifteen years.....	3	3	6
Fifteen to twenty years.....		1	1
Twenty to thirty years.....	3	3	6
Thirty years and upwards.....	1	1	2
Unascertained.....	22	2	24
Total.....	157	159	316

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	14	9	23
One to three months.....	22	27	49
Three to six months.....	36	33	69
Six to nine months.....	24	20	44
Nine months to one year.....	23	8	31
One year to eighteen months.....	62	362	424
Two to three years.....	35	42	77
Three to four years.....	29	34	63
Four to five years.....	25	36	61
Five to ten years.....	86	119	205
Ten to fifteen years.....	64	37	101
Fifteen to twenty years.....	40	26	66
Twenty to thirty years.....	17	13	30
Thirty years and upwards.....	6	16	22
Total.....	483	782	1,265

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TABLE NO. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	8	2	10	77	6	83
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	14	.....	14	187	4	191
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	25	.....	25	336	2	338
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	38	.....	38	313	.....	313
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc....	16	.....	16	250	5	255
Domestic service:						
Waiters, cooks, servants, etc.....	5	71	76	47	577	624
Educational and higher domestic duties						
Governesses, teachers, students, housekeepers, nurses, etc.....	.....	64	64	8	1,203	1,211
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	9	9	51	5	106

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Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		5	5	4	135	139
Miners, seamen, etc.....	1		1	4		4
Prostitutes.....					2	2
Laborers.....	35		35	407		407
No occupation.....	9	7	16	91	83	174
Unascertained.....	6	1	7	19	21	40
Total.....	157	159	316	1,794	2,093	3,887

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TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia.....				2		2
Armenia.....				1		1
Austria.....				4	9	13
Bavaria.....				1		1
Belgium.....	1		1	2		2
Canada.....	6	8	14	87	104	191
Cuba.....				1		1
England.....	7	7	14	77	89	166
France.....				7	7	14
Germany.....	13	13	26	201	230	431
Holland.....	1	1	2	13	18	31
Hungary.....	2		2	3	4	7
Ireland.....	9	11	20	127	297	424
Italy.....	6	1	7	24	19	43
Norway.....				1	4	5
Nova Scotia.....					1	1
Poland.....				12	13	25
Prussia.....	1	1	2	2	2	4
Roumania.....					1	1
Russia.....	4	4	8	27	30	57
Scotland.....		1	1	10	16	26
Sweden.....		2	2	8	14	22
Switzerland.....				8	7	15
United States.....	105	109	214	1,150	1,210	2,360
Wales.....				1	2	3
West Indies.....	1		1	3		3
Unascertained.....	1	1	2	22	16	38
Total.....	157	159	316	1,794	2,093	3,887

Of the total number admitted since the 1st of October, 1888, the parents of 58.28 per cent were both of foreign birth.

In 3.93 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.79 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

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TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	2		2
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	21		21
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....	21		21
Madison.....			
Monroe.....	242		242
Montgomery.....			
Nassau.....			
New York.....		1	1
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....	2		2
Orange.....			
Orleans.....	18		18
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	1		1
Rensselaer.....			
Richmond.....			
Rockland.....			

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Table No. 19 — (Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....	6		6
Westchester.....			
Wyoming.....	1		1
Yates.....			
Soldiers' Home.....			
Total.....	315	1	316

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TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany		1	1			
Allegany	1		1			
Broome						
Cattaraugus						
Cayuga						
Chautauqua						
Chemung						
Chenango						
Clinton						
Columbia						
Cortland						
Delaware						
Dutchess						
Erie	1	2	3			
Essex						
Franklin						
Fulton						
Genesee	30	25	55			
Greene						
Hamilton						
Herkimer						
Jefferson						
Kings	1	121	122			
Lewis						
Livingston	25	34	59			
Madison						
Monroe	344	424	768	1	2	3
Montgomery						
New York	50	121	171	1		1
Niagara						
Oneida						
Onondaga		1	1			
Ontario		6	6			
Orange						
Orleans	20	26	46			
Oswego		1	1			
Otsego						
Putnam						
Queens						
Rensselaer						
Richmond						

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Table No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland.....						
St Lawrence.....						
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....	1	2	3			
Suffolk.....						
Sullivan.....						
Tioga.....						
Tompkins.....						
Ulster.....						
Warren.....						
Washington.....						
Wayne.....	1	5	6			
Westchester.....						
Wyoming.....	2	5	7			
Yates.....						
Unascertained.....	4	7	11			
Total.....	480	781	1,261	2	2	4

ELEVENTH ANNUAL REPORT
OF THE
LONG ISLAND STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

LONG ISLAND STATE HOSPITAL

BOARD OF MANAGERS

ALEXANDER E. ORR, President
REV. WILLIAM J. WHITE, Secretary
J. EDWARD SWANSTROM, JAMES MCMAHON,
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RESIDENT OFFICERS

OLIVER M. DEWING.....Medical Superintendent
IRA O. TRACY, M. D.....First Assistant Physician
PAUL G. TADDIKEN, M. D.....Second Assistant Physician
JOSEPH SMITH, M. D.....Junior Physician
H. ELIZABETH BALCH, M. D.....Woman Physician
F. A. WHEELER.....Purchasing Steward
WILLIAM L. BUCK.....Resident Steward
FRANCES W. THOMSON.....Matron

REPORT OF THE SUPERINTENDENT

To the Board of Managers of the Long Island State Hospital:

Ladies and Gentlemen — I respectfully submit the annual report of the Long Island State Hospital for the fiscal year ending September 30, 1906.

On October 1, 1905, the number of patients was 1,073, of whom 414 were men and 659 were women.

The number admitted during the year was 173 men and 314 women, a total of 487; of these, 406 came directly from their homes and 81 were transferred from other institutions for the insane.

The whole number discharged during the year was 455, as follows: 31 men and 87 women recovered; 24 men and 41 women improved; 109 men and 13 women unimproved; one man and three women not insane; 72 men and 74 women died. The number remaining at the close of the year was 350 men and 755 women, a total of 1,105; the whole number under treatment during the year was 1,560.

Of the total number admitted 391 came from the borough of Brooklyn, 15 from other parts of Long Island, and 81 were transferred from other hospitals.

Of the total admissions for the year, 52.57 per cent were of foreign birth.

Of the total number of admissions five patients have been deported to foreign countries and to other states.

Of the total number of discharges reported above, 119 were transfers to other State hospitals. Of this number, 106 were transferred as unimproved and 13 as improved. These transfers to other hospitals were made for the purpose of vacating the annex buildings, which are soon to be turned over to the city, the lease on these buildings having expired.

Not taking into account transfers from or to other State hospitals, the recovery rate, based on the number admitted, is 24.23 per cent, which is considerably less than the rate reported last year. This is due to the character of the admissions, the policy

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

of the hospital having been to receive from the observation ward of the Kings County Hospital a large number of unfavorable cases, whose mental and physical conditions make it improper and inhumane, and in many cases impossible, to send them to the Kings Park or Central Islip State Hospitals.

There have been no fatal accidents and no epidemics of contagious diseases. We have had six cases of typhoid fever during the year, five of these cases being patients and one an employee. Of this number, one patient died.

Reference was made in my last annual report to arrangements having been made for the affiliation of our training school with the training school of the Mt. Sinai Hospital in the borough of Manhattan, and I would now report that during the past year seven of our nurses have taken a course there of four months, or are now taking such course, greatly to their advantage and to the enhancement of the reputation of our training school for efficient training. I take pleasure in reporting that during the past year, after a careful examination of our methods and the facilities for work, our training school for nurses has been registered by the Board of Regents of the state of New York, thus enabling the graduates of our school to take an examination, which if passed, will entitle them to the degree of registered nurse. This has resulted in bringing to the hospital a large number of attendants above the standard formerly obtained, thereby resulting in better and more intelligent care for our patients.

The methods of treatment in vogue have been described in former reports. I regret to say that we are still greatly handicapped in our treatment of patients, by the fact that we have been unable to make use of the appropriation made during the last session of the Legislature for extensive improvements in this hospital. This is especially the case in regard to hydrotherapeutic treatment, for which a liberal appropriation was made. Reference is made elsewhere to the cause for this delay.

In former reports I have discussed the conditions under which the State is now operating this State hospital plant, the tenure under which the State is now holding this property, and the steps which have been taken to acquire permanent title. It will be recalled that the Legislature of 1905 passed legislation providing that the city might transfer the title of this property, together with the land used by the city as a potter's field, to the State in

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

exchange for the State's interests in the House of Refuge on Randall's Island, the State having a lease of the House of Refuge property on Randall's Island so long as it should continue to operate that plant as a training school for boys. This exchange was proposed in view of the fact that the State proposed to build a new training school for boys, situated at some distance from the city, and thus would terminate the lease on Randall's Island. I would now report that legislation was had during the last session of the Legislature, with a view to removing certain objections entertained by the comptroller of the city of Greater New York to the carrying out of this exchange; but certain legislation desired by the city to perfect its title to the Sunken Meadows, a marsh land lying near the House of Refuge property on Randall's Island, failed of passage owing to stress of legislation in the last days of the session of 1906, and the comptroller of the city, feeling that this matter should be properly disposed of at the same time that the exchange of properties is made, has thus far declined to consent to the exchange, but states that he will consent to such exchange as soon as the Sunken Meadow legislation has been passed and receives executive approval. I shall make further reference to this matter under the heading of "Suggestions and future needs."

MATERIAL IMPROVEMENTS

Owing to the contemplated general improvements of the main hospital buildings that are being planned, very little has been done under the above heading during the past year.

The usual amount of painting repairs has been carried on and a number of wards painted, this having been largely confined to the women's wing of the building, for the reason that it is expected to remodel the men's wing before starting the women's department.

It might be proper to state under this heading that during the month of February the large unsightly building which was erected several years ago for an ice house took fire from spontaneous combustion and was burned to the ground with all its contents. The hospital suffered a loss approximately of \$500 for material which was stored in the building. Subsequently an appropriation of \$533.92 was allowed as an emergency under the appropriation for extraordinary improvements to build a storehouse of corrugated

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

iron 26 x 60 feet, to be located adjoining the stable for the purpose of storing such materials and equipment as it was either impossible or undesirable to store in the basement of the main building. This building has been completed and is now ready for use.

Another item has been the placing on the amusement hall of a tar and felt roof, made necessary by the leaky condition of the tin roof. This is in the nature of a temporary repair to protect the building for a year or two until a new amusement hall is erected.

ENTERTAINMENT OF PATIENTS

The following is a list of the principal uses to which our amusement fund has been put during the past year.

Entertainments were given by the following:

Archie Leon French, impersonator.

Gavin Spence and Flora MacDonald, Scotch songs and recitals in costume.

Edward Brigham, songs and recitals.

DuBarrie-Gill Combination, instrumental music, songs and readings.

Besides the above paid entertainments, the hospital is indebted to the Park Side Presbyterian Church on Lenox road for an interesting entertainment on Christmas night.

The following magazines were subscribed for to supply the wards:

Harper's and the Century, one copy each.

Munsey's, Cosmopolitan and McClure's, three copies each.

Harper's Bazaar, Delineator and Ladies' Home Journal, one copy each.

Deaf Mutes' Journal, one copy.

Forty-one men patients were given an opportunity to attend Barnum and Bailey's circus and 43 women patients visited Coney Island during the summer.

Candy and peanuts were passed around to all patients at Christmas time and peanuts and lemonade served on the 4th of July.

Considerable orchestra music was purchased as well as music for pianos on the wards and portfolios for the preservation of same. A new Kurtzman piano was purchased at a cost of \$215 and \$55 was spent for putting in good repair an upright piano for ward 14, and minor repairs were made to other pianos and musical instruments.

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One hundred and six yards of new brussels carpet was purchased for the stage in the amusement hall.

Thirty-six framed pictures, 150 Dracena plants, 12 plaster casts, 2½ dozen jardeniers, 13 tabourets, six rose bowls, 12 glass flower vases, 100 rolls of crepe paper for the decoration of the wards, nine canary birds for the wards and gold fish for aquariums were purchased, and at Christmas time a quantity of ground pine was purchased for decorating the wards.

Three hammocks were purchased for use on lawns and materials were obtained for constructing new back-stops for the tennis court and three dozen tennis balls were bought, also one-third dozen base balls and two basket balls.

Seventy-nine volumes have been added to the patients library during the year and 60 pounds of manila paper purchased for covering library books. Quartered oak lumber and the necessary hardware has been purchased for constructing an addition to the book case for the patients' library, made necessary by the accession of new books.

The following materials have been paid for out of the amusement fund for the use of the fancy work class; for women patients:

- Linen thread,
- Embroidery silk,
- Embroidery cotton,
- Lawn,
- Linen,
- Ribbon.

Three dozen artist's crayons were purchased for the use of a patient who enjoys drawing.

In connection with the entertainment of patients I might add that a modern carpet loom was purchased during the year to give employment to women patients. Although this was not paid for from the amusement fund, it might properly come under the above heading.

SUGGESTIONS AND FUTURE NEEDS

In considering changes and improvements at this hospital, the following conditions should be borne in mind. The annex is to be given up within a few days and therefore it does not concern us. The buildings under consideration are the main building, with a normal capacity of 655, now holding a population of 706, and

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

the buildings situated contiguous thereto, namely, boiler house, laundry, kitchen, and several old, dilapidated, wooden buildings, among which are the amusement hall, dynamo room, an old building used for patients industries, and another for shops.

Taking up the main building, we have an imposing brick structure, built some 40 or 50 years ago in a very substantial manner. In fact, the main construction of this building is of superior character, such as would be exceedingly expensive to duplicate to-day. As an instance of this kind of construction, I would refer to the main outside walls. These brick walls have not deteriorated, are 18 inches in thickness, with a two-inch air space. I need hardly say that this is a superior kind of construction with regard to warmth, exclusion of dampness and durability, and that with the ruling wages for masons in Greater New York of \$6 per day, and the price of building material, this construction represents a very valuable asset. This building is three stories in height, with cross wings of four stories, and is 664 feet in length.

In the interior the arrangement of partitions and rooms is in accordance with ideas of hospital construction which prevailed some 40 or 50 years ago. As a result of this arrangement, the available floor space is not utilized to the best advantage, either from a medical or from an economical standpoint. The floors throughout need renewal. Some of the wooden trim will have to be renewed, but a considerable amount of it can be saved. The plumbing and sanitary arrangements are antiquated, badly placed and inadequate. The heating arrangements and hot and cold water service are unsatisfactory and insufficient. The electric lighting lines require renewal, and a portion of the building requires remodelling along modern lines.

The end cross wings, which I propose to use for employees' quarters, will require practically no remodelling, and can well be fitted for employees with a comparatively small expenditure, and will, I believe, provide as satisfactory quarters for our employees, apart from the patients' wards, as have been provided in any of the nurses' homes recently constructed in the State hospitals of this State.

The remodelling should consist mainly in taking out the partitions dividing the south side of the ward into single rooms, thus throwing all this space in with the long corridors, and this space can be very satisfactorily and economically used, for large, sunny day rooms and dormitories. The old, narrow, wooden stairways

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should be removed and be replaced by commodious iron stairways. The partitions along the north side of the wards can be, in the main, retained and the amount of remodelling there necessary will be slight. Sun verandas, in order to provide a sufficient amount of light, sunny, day-room space, should be constructed on the south ends of the cross wings. This remodelling will provide all the necessary medical and administrative features required in providing modern facilities for the care and treatment of the insane.

As I stated before, some of the main construction of the building is of a character superior to the brick construction now commonly specified in hospitals for the insane. When this is taken into account, and also the fact that the changes proposed will give satisfactory facilities for the treatment of the insane along modern lines, I believe, that if these changes should be carried out, we would have a State hospital for the insane in this borough superior in many respects to anything which could possibly be built here for \$500 per capita; and it should be borne in mind that this is the maximum per capita allowed by the insanity law in the construction of hospital buildings for the insane; and it should further be borne in mind that the changes I have outlined contemplate the use of this building largely in the treatment of acute cases.

The normal capacity of the building is at present 655, with an actual population of 706. The changes I have recommended will provide much more space than has been available hitherto. If we estimate according to the old standard under crowded conditions, the extra space to be provided would accommodate 200 more patients. If in accordance with the normal standard for the class of cases hitherto cared for here the increase in capacity would amount to 150 patients.

But taking into account the situation of the hospital and the propriety as generally conceded of using it largely for acute cases requiring a large amount of space and medical care it may seem best that the matter of normal capacity should receive further attention from the State Commission in Lunacy.

The quarters now used in this main building by the superintendent's family and by the medical officers are insufficient and unsatisfactory and, moreover, this space is needed for other purposes involved in the remodelling of the building; therefore, following the policy generally adopted throughout the State hospital system, a superintendent's house should be erected on the grounds, and

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a staff house should also be erected for the use of a portion of the members of the medical staff, including one married physician and his family, and the resident steward and his family.

A portion of the basement is at present used for storeroom purposes. This arrangement is unsatisfactory, and moreover the space thus used will be needed for dining room purposes if these changes are carried out. Therefore, a storehouse should be erected containing a cold storage and ice making plant. There should also be erected a building for shops and patients' industries.

The present laundry is an old building, constructed partially of brick and partially of wood, and when funds are available it should be replaced by a new laundry.

Practically the same statement may be made in regard to the present kitchen, except that this building is entirely of brick. The present boiler house is suitably placed, and with certain changes and repairs will be satisfactory.

The old wooden amusement hall, formerly used as a dining hall, is in a dilapidated condition and should be replaced by a new amusement hall when funds are available.

A new dynamo plant should be installed, but a new building in place of the old one will probably not be necessary, as it is believed this plant can be installed in a portion of the space used for a boiler room.

In connection with the boiler house, suitable provision should be made for the storage of coal.

The water supply of the hospital has been in the past, as at present, obtained from the Flatbush water works at an average annual cost of \$3,376.89 during the last five years. I would recommend that driven wells be sunk and a water supply obtained on our own property.

Preliminary sketches and estimates have been made by the State architect providing for the improvements suggested in this report at a cost of \$450,000, and the Legislature of 1906 was requested to provide funds for making these changes. The outcome of this request was the following item in the supply bill, chapter 686, Laws of 1906:

“ Long Island State Hospital

“ For construction, heating, plumbing, lighting and equipment, the sum of two hundred twenty-nine thousand, six hundred and sixty-nine dollars (\$229,669), being one-half the sum required to reconstruct and equip the Long Island State Hospital.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

“ For surgical equipment, one thousand five hundred and sixty-five dollars (\$1,565).

“ For hydrotherapeutic installation, three thousand one hundred dollars (\$3,100).

“ No portion of the appropriation hereby made for the Long Island State Hospital shall be available for any purpose until the City of New York has, by satisfactory conveyance, transferred to the State of New York, the real estate, tenements, hereditaments and appurtenances of said Long Island State Hospital, and all other property thereunto belonging.”

It will be noted that one-half the sum estimated by the State architect was allowed.

Assuming that the city authorities will shortly carry out the terms of the exchange, whereby the title of this property will pass to the State, I would recommend that the Legislature be requested to appropriate the remaining half required to reconstruct the hospital, and provide the necessary additional buildings as outlined in the State architect's preliminary estimates and sketches, namely \$229,669.

Referring again to the delay on the part of the city authorities to carry out the terms of the exchange of properties above mentioned, owing to the fact that the legislation to perfect the city's title to the Sunken Meadow property, did not pass the Legislature of 1906, I would recommend that this legislation which simply provides for removing a cloud on the city's title to Sunken Meadow, be passed as early as possible during the coming session.

The changes and new construction which I have outlined above, together with certain additions to our equipment, which I will refer to later, will provide for the great population of the borough, an up-to-date hospital with the necessary facilities for the modern treatment of the acute insane. This hospital will be conveniently situated, as nearly all our commitments come to us through the city receiving ward connected with the Kings County Hospital, which is situated closely adjacent to our main building.

Our list of requirements will therefore be as follows:

One-half the sum required to reconstruct the main building and to provide the necessary new construction and equipment as estimated by the State architect, the other half having been appropriated by the Legislature of 1906..... \$229,669 00

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Furniture for employees' quarters, wards of the main building as reconstructed, the staff house, superintendent's house, and the additional equipment necessary for new kitchen.....	\$30,000 00
Additional equipment for new laundry.....	6,500 00
Equipment for shops, including lathe, band-saw rip-saw for carpenter shop, with all connections.	700 00
Electrical apparatus for high frequency current...	525 00
New plants and shrubbery for the grounds.....	350 00
Water lines about grounds for watering lawns....	250 00
Ambulance	510 00

All of these items and the entire amounts asked for are necessary for the establishment of this hospital on a proper basis, and when it is considered that it is proposed to maintain and equip this hospital for the acute curable insane of the borough of Brooklyn, that the conditions here are now primitive and of the old asylum type, nothing having been spent on the plant of this hospital with a view to bringing it up to date since it has been in the State care for the past 10 years, I trust that no reduction will be made in the above amounts.

During the year the only change in the personnel of the resident officers was the appointment of Dr. M. Boland as medical interne on December 11, 1905.

In addition to the monthly visits of the board of managers and the visits of the State Commission in Lunacy, I have to mention the following:

Dr. Maddren and Dr. Van Cott, members of the consulting staff; G. L. Heins, State architect; F. E. Corwith, representative of the State architect; Dr. Rogers, Brooklyn; W. P. Byrne, C. B., W. H. Dickinson, H. B. Donkin, F. R. C. P., J. C. Dunlop, F. R. C. P., and Mrs. Hume Pinsent, members of the Royal British Commission on the Care and Control of the Feeble Minded; Dr. John F. Fitzgerald, superintendent Kings County Hospital; Dr. Schultz, Brooklyn; Rev. Wm. J. White, A. E. Orr, Norman S. Dike, Mrs. John H. Burtis, James McMahon, Miss Louisa Man Wingate, members of the board of managers; Dr. John L. Macumber and Dr. Dooling of Brooklyn; John G. Deubert, New York; Dr. J. A. Pritchard,

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Willard, N. Y.; Hon. John Rooney, Brooklyn; Dr. West, Brooklyn; Mrs. Annie L. Stewart, Willard, N. Y.; Hon. Otto G. Foelker, Brooklyn; Dr. R. M. Elliott, Willard, N. Y.; Mr. Charles P. Bible, Brooklyn; Dr. James Cole Hancock, Dr. Brown-ing, Dr. Barber, Dr. Ross, Dr. McNaughton and Dr. Shattuck, members of the consulting staff; Dr. William L. Russell, medical inspector; A. J. Newton and Mrs. Arnold G. Dana, visitors of the State Charities Aid Association; F. J. H. Kracke; Congressman Waldo; Senator Cooper; Assemblyman Lee; Mr. Geoghen, representative of the Brooklyn Daily Eagle; Dr. Jonett, Brooklyn; Hugo Hirsh, member of the board of managers; Dr. George Zeller, Peoria, Ill., Goodwin Brown, New York; members of the Municipal Club; Hon. Wm. H. Friday, Brooklyn; Edmund Fischer, secretary Flatbush Trust Co.; Comptroller Metz, New York; J. Edward Swanstrom, member of board of managers.

For magazines and other reading matter, the hospital is indebted to the following residents of Brooklyn:—Miss Hook, M. M. Bassett, E. H. Gane, Mrs. W. M. Seymour, Mrs. Potter, Miss Potter, Rev. Lindsay Parker, Mrs. Sammis, Dr. Walter Truslow, Mrs. R. C. Van Cott, Mrs. S. Maxon, Mrs. I. G. Thursby, Mrs. H. E. Gates, Mrs. Arthur Hebard, Clara C. Mousees, secretary Tompkins Avenue Congregational Church, Mrs. M. F. Johnson, Mrs. W. R. Adams, Charles E. Newton, C. L. Darrow, Chas. D. Baker, W. E. Mead, E. Stewart, Mrs. J. L. White, Mrs. J. H. Teed, E. H. Brown, Dr. H. P. Dewey, Mrs. Catherine Perry, Mrs. F. E. Turner, Mrs. Woods, Mrs. A. C. Perkins, Mrs. G. C. Blanke, Mrs. Rugg, Mrs. L. C. Edgerton, Mrs. A. E. Bunting, Mrs. O. Leavens, A. L. Ripton, H. H. Haight, L. Cadman, Church & Co., Mrs. A. Eilers, Miss M. E. Shirly, Mrs. M. E. Steel, Mrs. Van Vranken, Mrs. E. J. Reed, Mrs. A. W. Ward, Mrs. J. M. Bissel, Mrs. H. B. Burn, M. Roberts, Grace Church parish house, Madge Gay, secretary Sunshine Circle of Kings Guild, E. S. Still, L. S. Marcellus, Mrs. J. A. Farrington, Miss Libby, Mrs. F. E. Edmunds, Miss E. E. Barnes, E. D. Horton, Mrs. J. Crowell, William Mackey, W. Pell, E. C. Neale, Mr. R. Ritchie, A. Marples, Mrs. W. C. Peckham, R. D. Van Name, South Congregational Sunday School, Miss Minnie A. Hurd, Mrs. M. M. Bassett, Mrs. W. H. Martin, H. H. Hollingshead, Mrs. Hall, Mrs. J. L. White, F. H. Dana, Rev. A. Blum, J. A. Smith, Mrs. Beards and the Brooklyn Citizen.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

The usual statistical tables, financial statement, and reports from the various industrial departments are appended to this report. In conclusion I desire to express my appreciation of the aid and co-operation which have been extended to me by the members of the board, by the State Commission in Lunacy and to the officers and employees of the hospital for their loyal and efficient service.

Respectfully submitted,

O. M. DEWING

Superintendent

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

GARDEN PRODUCTS

Asparagus, 348 bunches	\$24 36
Beets, 173 $\frac{1}{4}$ bushel	51 98
Beet greens, 8 bushels	2 00
Beans, Lima, 28 bushel	21 00
Beans, string, 182 $\frac{1}{2}$ bushel	91 25
Cabbage, 22,455 pounds	112 28
Cauliflower, 540 heads	32 40
Celery, 3,836 heads	115 08
Cucumbers, 9 bushel	4 50
Carrots, 4 bushel	1 20
Corn, 11,999 ears	90 00
Celery tops, 4 $\frac{1}{2}$ bushel	90
Egg plant, 694 lbs.	20 82
Horse radish, 30 bunches	1 80
Kale, 156 bushel	78 00
Leeks, 1,602 lbs.	48 06
Lettuce, 197 $\frac{1}{2}$ bushel	39 00
Mint, 32 bushels	96
Onions, 61 bushel	36 60
Onions, 5,574 bunches	111 48
Parsnips, 16 $\frac{1}{4}$ bushel	6 50
Peas, 50 $\frac{1}{2}$ bushel	37 88
Pumpkins, 2,228 lbs.	5 57
Parsley, 504 $\frac{1}{2}$ bunches	15 13
Peppers, green, 3 pecks	57
Potatoes, 282 $\frac{1}{2}$ bushel	141 25
Radishes, 29 $\frac{1}{2}$ bushel	22 13
Radishes, 69 bunches	2 76
Rhubarb, 9,331 bunches	466 55
Spinach, 97 bushel	24 25
Squash, 1,719 lbs.	17 19
Strawberries, 164 quarts	13 12
Turnips, 98 $\frac{3}{4}$ bushel	24 69
Tomatoes, 277 bushel	110 80
Tomatoes, green, 1 bushel	25

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Milk, 5,256 quarts	\$170 83
Beef, 597 lbs.	36 60
<hr/>	
Total	\$1,979 74
<hr/> <hr/>	

FARM STOCK ON HAND

Horses	7
Cow	1
<hr/> <hr/>	

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	414	659	1,073
On original commitments:			
From residences.....	160	246	406
By transfers from other institutions for insane	13	68	81
Total number under treatment during year..	587	973	1,560
Daily average population.....	439	751	1,190
Capacity of institution.....	333	672	1,005
Discharged during year:			
As recovered.....	31	87	118
As improved.....	24	41	65
As unimproved.....	109	13	122
As not insane.....	1	3	4
Died.....	72	74	146
Whole number discharged during year.....	237	218	455
Remaining October 1, 1906.....	350	755	1,105

TABLE No. 2

Temporarily discontinued

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)....	3	23	26	1	4	5	7
Mental strain, worry and overwork (not included in above).....	4	17	21	1	3	4	4
Religious excitement.....		1	1				
Love affairs (including seduction).....		4	4				
Fright and nervous shock	1	6	7		1	1	2
Physical:							
Intemperance.....	17	31	48	10	6	16	14
Sexual excess.....	1	1	2				
Venereal diseases.....	3	2	5	1		1	2
Masturbation.....	1		1				
Sunstroke.....	1	1	2				
Accident or injury.....	7	4	11	2	1	3	
Pregnancy.....		5	5				
Parturition and puerperium.....		9	9				
Change of life.....		1	1				
Epilepsy.....	3	9	12	1	3	4	2
Other convulsive disorders.....		1	1				
Diseases of skull and brain.....	2		2	1		1	
Old age.....	15	26	41	8	12	20	6
Abuse of drugs.....	1	3	4		1	1	1
All other bodily disorders and ill health.....	2	8	10		2	2	4
Hereditary.....	13	50	63	13	50	63	
Unascertained.....	99	112	211				20
Total.....	173	314	487	38	83	121	62

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity	39	10	2
General paralysis	40	1	28
Senile insanity	40	.....	25
Epilepsy with insanity	15	1	9
Imbecility, idiocy with insanity	6	.....	1
Other psychoses	344	106	81
*Not insane	3	.....	.....

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	9	27	36	.....	2	2	209	304	513	47	21	68
One to three months.....	8	18	26	14	23	37	208	267	475	203	180	383
Three to six months.....	1	8	9	7	34	41	82	112	194	257	316	573
Six to nine months.....	1	1	2	7	12	19	36	43	79	157	200	357
Nine months to one year.....	2	9	11	2	8	10	11	22	33	83	120	203
One year to eighteen months.....	1	2	3	.....	.....	.....	24	23	47	80	103	183
Eighteen months to two years....	1	2	3	1	1	2	10	6	16	18	29	47
Two to three years.....	.....	1	1	.....	1	1	11	15	26	16	27	43
Three to four years.....	.....	1	1	.....	.....	.....	12	8	20	13	11	24
Four to five years.....	.....	1	1	.....	.....	.....	6	3	9	9	9	18
Five to ten years.....	1	.....	1	.....	5	5	11	6	17	17	22	39
Ten to twenty years.....	.....	.....	.....	.....	1	1	2	3	5	2	7	9
Thirty to forty years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Unascertained.....	7	17	24	.....	.....	.....	281	233	514	.....	.....	.....
Total.....	31	87	118	31	87	118	903	1,045	1,948	903	1,045	1,948

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				24	16	40
Measles.....					1	1
Mumps.....					2	2
Small pox.....				1	2	3
Influenza.....				3	2	5
Erysipelas.....		1	1	5	7	12
Septicemia and pyemia...				9	16	25
Dysentery.....		4	4	28	53	81
Syphilis.....				4		4
Tuberculosis.....	2	3	5	231	286	517
Constitutional diseases:						
Rheumatism (or rheumatic affections).....					1	1
Diabetes mellitus and diabetes insipidus.....	1	1	2	3	4	7
Scurvy, purpura and hæmophilia.....				1	2	3
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....					2	2
Diseases of the stomach.....				8	10	18
Diseases of the intestines.....		7	7	63	103	166
Diseases of the liver.....	1		1	4	9	13
Diseases of the peritoneum.....				5	1	6
Diseases of the respiratory system:						
Diseases of the bronchi.....				8	3	11
Diseases of the lungs....	1	15	16	86	108	194
Diseases of the pleura.....		2	2	2	5	7
Diseases of the circulatory system:						
Diseases of the pericardium.....					5	5
Diseases of the heart....	16	20	36	187	200	387
Arterio-sclerosis.....				10	14	24
Aneurism.....				1	1	2

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Table No. 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906.			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				1	1	2
Diseases of the genito- urinary system.....		1	1	56	77	133
Diseases of the ner- vous system:						
Diseases of the nerves...				1	1	2
Diseases of the spinal cord.....				3	2	5
Diseases of the meninges.....				9	7	16
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	3	5	114	122	236
Functional nervous dis- eases (paralysis agitans, chorea, eclampsia, hys- teria, neurasthenia).....				1	1	2
Epilepsy.....	5	3	8	93	64	157
Mental diseases:						
Exhaustion of acute mental disease.....	12	6	18	155	228	383
Exhaustion of chronic mental disease.....	2	3	5	31	29	60
General paralysis of the insane.....	25	1	26	418	60	478
The intoxications; heat-stroke; obe- sity:						
Heat-stroke.....					2	2
Obesity.....					1	1
Debility of old age.....	5	1	6	59	82	141
Accident.....				15	6	21
Suicide.....				2	1	3
Surgical and gynecologi- cal diseases and dis- eases of the skin.....				16	21	37
Malignant new growths or cancer.....		3	3	15	39	54
Total.....	72	74	146	1,672	1,597	3,269

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TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	8	18	26	186	243	429
Maternal branch.....	9	17	26	230	275	505
Paternal and maternal branches.....		2	2	40	52	92
Collateral branches....	6	22	28	240	326	566
No hereditary tendency	125	210	335	1,860	1,735	3,595
Unascertained.....	25	45	70	2,068	2,425	4,493
Total.....	173	314	487	4,624	5,056	9,680

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	81	117	198	1,996	1,639	3,635
Married.....	83	137	220	1,909	1,988	3,897
Widowed.....	9	58	67	407	781	1,188
Divorced.....				2	5	7
Unascertained.....		2	2	310	643	953
Total.....	173	314	487	4,624	5,056	9,680

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TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	1	4	94	20	114
Academic.....	4	3	7	104	77	181
Common school.....	152	239	391	2,324	2,150	4,474
Read and write.....		8	8	487	487	974
Read only.....		5	5	161	213	374
No education.....	4	11	15	221	356	577
Unascertained.....	10	47	57	1,233	1,753	2,986
Total.....	173	314	487	4,624	5,056	9,680

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TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			Total	DURATION PREVIOUS TO ADMISSION			Total				
	Men	Women	Men		Women	Men	Women					
Under one month.....	15	19	34	23	17	40	126	164	290	224	192	416
One to three months.....	9	7	16	12	10	22	185	160	345	217	152	369
Three to six months.....	8	7	15	6	9	15	141	100	241	188	146	334
Six to nine months.....	1	2	3	7	6	13	103	58	161	126	87	213
Nine months to one year.....	5	2	7	2	3	5	51	24	75	100	80	180
One year to eighteen months.....	.....	1	1	2	2	4	106	58	164	170	107	277
Eighteen months to two years.....	4	4	8	5	2	7	40	33	73	80	56	136
Two to three years.....	1	5	6	.....	3	3	78	61	139	137	103	240
Three to four years.....	1	2	3	2	2	4	32	39	71	85	100	185
Four to six years.....	2	1	3	2	3	5	29	45	74	86	112	198
Six to ten years.....	2	1	3	3	5	8	35	41	76	112	166	278
Ten to twenty years.....	2	1	3	5	10	15	28	30	58	90	201	291
Twenty years and over.....	.....	2	2	3	2	5	8	13	21	57	95	152
Not insane*.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Unascertained.....	22	20	42	.....	.....	.....	710	770	1,480	.....	.....	.....
Total.....	72	74	146	72	74	146	1,672	1,597	3,269	1,672	1,597	3,269
Average duration of insane life (years and tenths)			4.51	5.34	4.93					3.49	4.45	3.96

*Includes cases of alcoholism, drug habit, etc.

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TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...				1		1
From 10 to 15 years...	1	1	2	20	10	30
From 15 to 20 years...	7	18	25	201	210	411
From 20 to 25 years...	25	27	52	523	505	1,028
From 25 to 30 years...	20	49	69	573	641	1,214
From 30 to 35 years...	18	52	70	608	645	1,253
From 35 to 40 years...	23	38	61	575	521	1,096
From 40 to 50 years...	31	64	95	793	768	1,561
From 50 to 60 years...	26	29	55	488	512	1,000
From 60 to 70 years...	9	19	28	343	355	698
From 70 to 80 years...	11	15	26	169	204	373
From 80 to 90 years...	2	2	4	47	53	100
Unascertained.....				283	632	915
Total.....	173	314	487	4,624	5,056	9,680

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	3	9	12	77	77	154
From 20 to 30 years...	11	28	39	281	392	673
From 30 to 40 years...	7	19	26	253	279	532
From 40 to 50 years...	7	18	25	163	183	346
From 50 to 60 years...	3	7	10	84	75	159
From 60 to 70 years.....		4	4	29	31	60
From 70 to 80 years.....		2	2	4	3	7
Unascertained.....				12	5	17
Total.....	31	87	118	903	1,045	1,948

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				3	2	5
From 15 to 20 years...		1	1	20	25	45
From 20 to 25 years...	6	6	12	70	62	132
From 25 to 30 years...	3	4	7	111	107	218
From 30 to 35 years...	4	4	8	145	131	276
From 35 to 40 years...	8	6	14	212	137	349
From 40 to 50 years...	12	18	30	358	289	647
From 50 to 60 years...	15	14	29	295	281	576
From 60 to 70 years...	9	7	16	267	316	583
From 70 to 80 years...	11	10	21	153	185	338
From 80 to 90 years...	4	4	8	33	60	93
Unascertained.....				5	2	7
Total.....	72	74	146	1,672	1,597	3,269

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	28	64	92
One to three months.....	35	40	75
Three to six months.....	15	21	36
Six to nine months.....	6	9	15
Nine months to one year.....	16	25	41
One year to eighteen months.....		8	8
Eighteen months to two years.....	8	16	24
Two to three years.....	8	9	17
Three to four years.....	2	9	11
Four to five years.....	2	9	11
Five to ten years.....	3	11	14
Ten to fifteen years.....	1	3	4
Not insane*.....	1		1
Unascertained.....	48	90	138
Total.....	173	314	487

*Includes cases of alcoholism, morphia habit, etc.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	3	11	14
One to three months.....	9	36	45
Three to six months.....	12	31	43
Six to nine months.....	19	14	33
Nine months to one year.....	25	107	132
One year to eighteen months.....	16	30	46
Eighteen months to two years.....	11	11	22
Two to three years.....	18	33	51
Three to four years.....	31	33	64
Four to five years.....	25	31	56
Five to ten years.....	86	158	244
Ten to fifteen years.....	46	123	169
Fifteen to twenty years.....	20	59	79
Twenty to thirty years.....	22	59	81
Thirty years and upwards.....	7	19	26
Total.....	350	755	1,105

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE NO. 17

Showing the occupation of those admitted during the current year and since October 1, 1888.

OCCUPATION	YEAR ENDING SEPT. 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	8	1	9	151	14	165
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc. . .	30	.....	30	773	4	777
Agricultural and pastoral:						
Farmers, gardeners, herdsman, etc. . . . .	.....	.....	.....	118	.....	118
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc. . .	32	.....	32	676	.....	676
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, composers, weavers, tailors, bakers, etc.	55	.....	55	837	2	839
Domestic service:						
Waiters, cooks, servants, etc.	3	110	113	135	1,367	1,502
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc. . . . .	.....	135	135	31	2,309	2,340
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc. . . . .	.....	13	13	22	67	89

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Table No. 17 — (Concluded)

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPT. 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		25	25	84	321	405
Miners, seamen, etc.....				90		90
Laborers.....	38		38	1,126		1,126
No occupation.....	5	29	34	225	292	517
Unascertained.....	2	1	3	356	680	1,036
Total.....	173	314	487	4,624	5,056	9,680

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia.....				2		2
Austria.....	3	8	11	42	40	82
Australia.....				2	2	4
Africa.....				1	2	3
Azores.....					1	1
Bavaria.....		1	1	5	1	6
Belgium.....				4		4
Bohemia.....				1	1	2
Born at sea.....				1		1
Canada.....	6	3	9	62	40	102
Canary Islands.....				2		2
China.....				10		10
Corsica.....				1		1
Denmark.....		3	3	19	17	36
England.....	6	7	13	185	166	351
Finland.....	1	3	4	9	8	17
France.....	1	2	3	22	23	45
Germany.....	26	32	58	649	634	1,283
Greece.....				1		1
Holland.....		1	1	7	7	14
Hungary.....		7	7	21	28	49
Iceland.....				1	1	2
India.....					1	1
Italy.....	1	10	11	72	63	135
Ireland.....	19	56	75	757	1,160	1,917
Japan.....				3	1	4
Madeira.....					1	1
Mexico.....				1		1
Norway.....		3	3	53	42	95
Newfoundland.....				1	1	2
Nova Scotia.....		1	1	3	2	5
Poland.....	2	3	5	30	25	55
Prussia.....				1	1	2
Roumania.....		1	1	7	3	10
Russia.....	10	22	32	76	112	188
South America.....				2	2	4
Shinnecock Indians.....					1	1
Scotland.....	1	2	3	52	42	94
Spain.....				9	2	11
Sweden.....	1	6	7	78	103	181

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Table No. 18—(Concluded)

Showing the nativity of patients admitted during the current year and since October 1, 1888.

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Syria.....		1	1		2	2
Switzerland.....	1	2	3	17	13	30
Turkey.....		1	1	2	5	7
United States.....	95	136	231	2,096	1,850	3,946
Wales.....				5	4	9
West Indies.....		2	2	14	13	27
Unascertained.....		1	1	298	636	934
Total.....	173	314	487	4,624	5,056	9,680

Of the total number admitted since the 1st of October, 1888, the parents of 71.22 per cent were both of foreign birth.

In 3.39 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.54 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906

COUNTIES.	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	418		
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	57		
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	12		
Rensselaer.....			
Richmond.....			
Rockland.....			

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Table No. 19 — (Concluded)

COUNTIES.	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	487		

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining
under treatment, September 30, 1906

COUNTIES.	PUBLIC		
	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	339	683	1,022
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....		2	2
New York.....		52	52
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	5	11	16
Rensselaer.....			

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Table No. 20 — (Concluded)

COUNTIES.	PUBLIC		
	Men	Women	Total
Richmond.....			
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	6	7	13
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Unascertained.....			
Total.....	350	755	1,105

ELEVENTH ANNUAL REPORT
OF THE
KINGS PARK STATE HOSPITAL
AT
KINGS PARK
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1906

OFFICERS OF THE HOSPITAL

Board of Managers

JOHN THATCHER, President.....	Brooklyn
CHARLES E. TEALE, Secretary.....	Brooklyn
SILAS B. DUTCHER.....	Brooklyn
JOHN ROONEY.....	Brooklyn
MARY M. ACKERLY.....	Northport
ALEXANDER C. SNYDER.....	Brooklyn
HELEN J. McKEEN.....	Brooklyn

Purchasing Steward

FREDERICK A. WHEELER.....	New York
---------------------------	----------

Attorney

MARCUS B. CAMPBELL.....	Brooklyn
-------------------------	----------

Resident Officers

WM. AUSTIN MACY, M. D.....	Medical Superintendent
GEORGE O'HANLON, M. D.....	First Assistant Physician
ARTHUR J. CAPRON, M. D.....	Second Assistant Physician
DEWITT C. MACCLYMONT, M. D.....	Assistant Physician
WILLIAM H. HAGENBUCH, M. D.....	Assistant Physician
JOHN I. McKELWAY, M. D.....	Assistant Physician
WALTER H. SANFORD, M. D.....	Assistant Physician
THEODORE W. SIMON, M. D.....	Assistant Physician
ANNA CRAIG, M. D.....	Woman Physician
NISHAN A. PASHAYAN, M. D.....	Junior Assistant Physician
AARON J. ROSANOFF, M. D.....	Junior Assistant Physician
ALBERT E. ULLMAN, M. D.....	Junior Assistant Physician
CHRISTOPHER J. PATTERSON, M. D.....	Junior Assistant Physician
GORDON M. GIBSON, M. D.....	Junior Assistant Physician
CHARLES H. MEADE, M. D.....	Medical Interne

Resident Steward

CHARLES S. PITCHER.

Matron

MARIE FERRIER

Consulting Staff

SMITH ELY JELLIFFE, M. D.....	Neurology
REGINALD M. RAWLS, M. D.....	General Surgery
S. BUSBY ALLEN, M. D.....	Ophthalmology
FRANK QUACKENBUSH, M. D.....	Dentistry

REPORT

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen — Complying with the statutory provision in regard to managers of State Hospitals, etc., the board of managers of the Kings County State Hospital respectfully present herewith the 11th annual report of the institution, for the year ending September 30, 1906, accompanied by the superintendent's report for the hospital.

Inasmuch as the various matters relating to the care of the inmates of the hospital and their welfare have been set forth at length at various times during the year in the regular monthly reports made by this board, we will state at this time that there is nothing particularly out of common that we wish to bring before your attention, except to respectfully ask your careful consideration of the various matters contained in the superintendent's report, particularly in regard to the list of needs and betterments, which we expect will be gone over with your Commission at the time of the annual fall visit by representatives of our board, and a few of the captions or matters referred to specifically in the superintendent's report which we think are of great importance to the welfare of the institution.

The principal matter in this connection which we wish to emphasize is the need for radical measures to overcome the overcrowding now found in the institution. This is an old subject, worn almost threadbare we find in the reports of the various superintendents for past years, as well as in the Commission's reports, but one of great urgency. Experience proves that with the overcrowding of these institutions, the benefit of the good results obtained is lessened and the disquiet and turbulence of the patients, as well as the number of accidents to them, increase proportionally. We trust that the overcrowding in none of the other hospitals in the State is any more acute than it is at the Kings Park State Hospital, and that your board may be successful at a very early date in securing funds sufficient to entirely overcome the extreme overcrowding which we refer to. We believe that this speaks for itself, and that it only requires an inspection of the wards to show very conclusively that the overcrowding has reached a limit far beyond what it should be possible

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

to attain, and we earnestly request that you will emphasize the need for funds in this respect.

Concerning the further needs or betterments, we would lay particular stress on the necessity for a building for industries. The present basements and other unsuitable places which are at present used by the hospital are altogether unsuitable and unfit for such occupancy and we do not believe that in the large cities, or elsewhere, that the public authorities would permit the use of such places for these purposes, and we are also of the opinion that an inspection of the places in use is all that will be needed to convince the State authorities of the necessity of a building for this purpose.

The serving room accommodations at the Group are very inadequate and considerable more space is urgently needed to enable the hospital to properly care for as large a number of patients as they have to seat at each meal, and an appropriation of \$4,200 is asked for for a building or extension to the present building and kitchen, and the equipment necessary to properly conduct the same.

The disinfecting plant referred to in the superintendent's list of needs was promised by the Commission a few years back, and with a population that will run from 3,500 to 3,800 people during the coming year the necessity of the building and machine spoken of is very apparent.

At the time of the writing of this report we are unable to more than approximately state the cost of putting in the sewage disposal plant, for which the State allowed an appropriation of \$30,000 last year. This sum was considerably less than the previous estimates made by George F. Rafter, acting for the hospital and the Commission in Lunacy years ago, and the engineers of the State Department of Health are at present working on a preliminary estimate and method which will most approve itself to them for this purpose. If, however, it is found necessary to ask for the additional \$15,000, which is presented in the list of needs, the matter will later on be directly communicated to the Commission in Lunacy with the exact sum needed as estimated by the State Department of Health, and if, on the contrary, it is found that the new system can be established for the amount allowed, no additional money would then be required for the purpose.

The cement walks mentioned are very much needed in order that the large number of employees and the visitors to the patients

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

of the hospital may be able to walk to and from the railroad station dry shod, as well as for the exercise of the patients in the winter time, who now have to walk upon the gravel roads, with the result that more or less dirt and broken stone is brought into the building and the feet of the patients often become wet in winter from snow and slush, which could in this way be avoided.

Reference to the purchase of the Burr property reminds us that there are several small pieces of real estate abutting the line of the hospital property which it would be desirable for the State to purchase in order to straighten the lines of the hospital property itself and to avoid the immediate presence of possible owners who might become objectionable in the future. With the steady increase in the value of real estate this is particularly important, as in the course of years, land will probably be even higher than now and it is likely that when that time comes, it may be of advantage to the State to sell part of the remote outlying land now in its possession, which will then be of a great deal more value than at present as real estate, but which is now of little or no value to the hospital for its own purposes, because it is so far away from any of its buildings. Some of this land is about two miles from the administration building, with the railroad, part of the town and with some land of other owners in between the hospital and this land. We are of the opinion that it is quite necessary for administrative purposes to have the plant, comparatively speaking, continuous, and with the land which could be best utilized, nearest to the central point, and that, therefore, the purchase of some property immediately adjoining certain portions of the hospital grounds towards the water would be of a very great benefit in the future, while the undesirable, remote and disconnected land that belongs to the hospital, could probably be then sold more profitably than at present.

Many of the other items mentioned in the list referred to, are needs which are extremely desirable, but for which sums of money will have to be allotted by the Commission as they can spare the funds for accomplishing betterments and improvements. A great deal of paint is necessary, especially at the Group where no painting has been done since the erection of the same, nearly eight years ago. Many of the walls, especially in the hallways and elsewhere in this building, show urgent need of paint and probably none of the steel ceilings in that building have ever had

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

any paint upon them except that which was put on by the contractor at the time of the erection of the building.

Leaving the other smaller matters for the consideration of your Commission at the time of the regular fall visit, we wish to draw attention to another subject and, that is, the question of the water supply of the hospital. At present the hospital is leasing land from Henry Harned, its next door neighbor, and has upon this land a certain number of driven wells, which are operated by a pneumatic pressure system to bring water to its main buildings. The lease of this property will expire with the coming year and then something must be done for a further period of time to provide an adequate water supply. The land in question is in a hollow immediately surrounded by a number of small habitations where conditions of sewerage, etc., as well as the dip of the land enabling ground or surface water to run near or upon it from the higher places where the drainage may not be properly taken care of from the areas in question, are such that its long continuance for this purpose cannot be well recommended, and in the future, some other provision must certainly be had for the adequate protection of the hospital's water supply. Mr. Harned's property consists of about 60 acres of land immediately adjoining the hospital property, and nearer to its administration than some of the other buildings. Back of this is another farm of from 100 to 150 acres, also similarly situated. It seems as if it might be possible that some arrangement could be affected with the people who own these two pieces of property so that the State could acquire them at a reasonable value for the protection of its interests in the future, and if this could be done steps should be taken in that direction. The second farm in question is said to have been sold this year for a consideration of \$8,000 or \$10,000 and it probably would be possible to secure it at a reasonable advance on the original cost, or possibly better, particularly as we understand that the present owner was able to cut enough timber off of part of the land to materially reduce his purchase cost. If some suitable arrangement could be made in the Harned property, by condemnation proceedings or otherwise, while giving the present tenants such use during their life times as they might need, a very ready way would be found for adequately protecting our water supply for the future as well as for securing land for additional buildings for the institution, if necessary,

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

where they could be most conveniently placed with reference to our present central systems of heating, lighting and sewerage, and we believe that these matters are well worthy of consideration, especially because of the large amount of money already invested in this plant.

Before closing the report we wish, as a matter of record, to mention the taking over of the new employees' home, which is now in use by the hospital.

On January 23, 1906, the hospital was directed by the Commission in Lunacy and the State architect to assume the charge and enter into possession of the new employees' home which had previously been in course of erection under contract for it. Possession of the same was taken and upon an inspection and report of the State architect's representative, etc., it was found necessary to have a very considerable amount of work done in repairing the walls, because of defective plaster, fitting of doors, and other particulars, all of which are, we understand, on record at the State architect's office. Disputes arising from the erection of this building had been so numerous and objections had been raised to such an extent to the workmanship, etc., in the building of this structure, that the board of managers and superintendent were loath to accept the same except with a very full understanding with the Commission in Lunacy that they were in no way responsible for these matters and that the facts relating to them should be fully known. After a slight delay during which the superintendent had been instructed by the Commission in Lunacy to make such repairs as were necessary to enable us to occupy the building, the matter was turned over entirely to the State architect, and such work as was done, was carried on under the supervision of one of his representatives. The defective fitting of the doors was probably due to the fact that these were made of material which was not properly dried, and this fault, at least, could not have been the contractor's as the doors themselves were made by the State prison department. This work of fitting the doors which was done, was, we understand, charged to the prison department in the bill of expenses. There were other difficulties, however, with the building, notably in the poor condition of the plastering and the cellar floors. The latter while of good general appearance was apparently not properly filled underneath and in time would probably have to be renewed for this reason, in part or altogether, the State

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

architect's representative having stated to us that where patches were put in this floor, he found that instead of having used concrete, that the ordinary rubbish of the building had been thrown in and the cement placed on top of this.

The plastering of the walls when the building was turned over to us was in wretched condition. There were many cracks in a great many places, most of which were undoubtedly due to the natural settling of the building and shrinking of the timbers. In addition to this there were a great many rooms in which large patches of the plastering were falling and in some places the entire side walls had to be taken down by the men engaged under the direction of the State architect's representative, and in some of the cases where these walls were examined by us the plastering had apparently had little strength and would crumble at slight touch, and it seemed in many places as if the only reason for the walls standing was because of the slight additional strength obtained by means of the strength of the white coat on the outer surface, the condition being possibly due to the cement being too much adulterated with sand at the time it was placed on the walls, as the material was very friable and easily crumbled. In many places where laths were used it appears that the material was not worked in sufficiently to obtain a clinch on the other side. In some places where it was worked in in this manner, the clinch was readily pulverized under the slightest touch of the finger, so that it would seem that this building is likely to be extremely expensive for us to maintain and, judging from the experience already had in the first year of existence, we are afraid that the hospital will never have much satisfaction with it until all of the plaster is removed and renewed. The hospital disclaims any responsibility for any inspection or for any of the conditions relating to this building. The State architect had inspectors upon the ground during most of the time of its entire construction and various difficulties arose because of the failure of the contractor to complete the contract within the time limit, and there were certain difficulties in regard to this and other matters which we believe are under adjustment with the proper State authorities and which may take considerable time for a proper settlement. We merely record these matters that they may be a matter of record and that it may be fully understood that the managers and superintendent of the hospital have been in no way connected with the carrying

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

on of this undertaking in the past. The building itself was not delivered to the hospital until something like two years after the time limit specified originally. Any other matters connected with this subject are, we believe, fully reported, or to be found upon the official files of the departments connected with the undertaking.

We trust that the hospital may be remembered as liberally as possible with such funds as it may be possible to allot to it for the several purposes referred to which may be approved by your Commission.

Respectfully,

JOHN THATCHER

President

CHAS. E. TEALE

Secretary

Committee of the Board of Managers

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

*To the Board of Managers of the Kings Park State Hospital,
Kings Park, Suffolk County, N. Y.:*

Gentlemen — I respectfully submit herewith, the 11th annual report of the Kings Park State Hospital, in accordance with the provisions of the statute, for the year ending September 30, 1906. At the time of making my last annual report there was one vacancy upon the board of managers, which was filled by the appointment of Miss Helen J. McKeen, and I am pleased to state that no vacancies have occurred since that time.

As a matter of general information I would state that the following is a statistical account of the movement of population:

MOVEMENT OF POPULATION

	Men	Women	Total
Number of patients remaining in hospital October 1, 1905.....	1,139	1,432	2,571
Number admitted during the year....	347	249	596
Number discharged recovered.....	82	61	143
Number discharged improved.....	24	26	50
Number discharged unimproved.....	16	12	28
Number discharged not insane.....	7	2	9
Died.....	79	63	142
<hr/>			
Total number discharged, including deaths	208	164	372
<hr/>			
Daily average population.....	1,163	1,451	2,614
Remaining October 1, 1906.....	1,278	1,517	2,795
<hr/>			

During the year there were 596 admissions to this hospital, of which 79 were transfers from other hospitals, and 515 from the Kings County Hospital and from their residences.

Of the number discharged 19 were transferred to other institutions.

Ten patients were deported as aliens, and four were returned to their homes in foreign countries by friends.

Six patients were taken to other states by their friends and three were sent by the State Commission in Lunacy.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

GENERAL CONDITIONS

During the past year the general health of the hospital population has been exceedingly good. There have been four cases of typhoid fever, nine cases of measles and four cases of chicken-pox. There was one case of suicide, by hanging.

The recovery rate, based on admissions less transfers from other institutions, is 27.4 per cent. In explanation of the recovery rate being considerably lower than last year, I would respectfully state that during the year past we have been admitting a very large number of patients and this has occurred so uninterruptedly that there has not been, as was the case last year, the long interval which occurred after we ceased admitting patients, during which those who had been previously admitted might finish their recoveries in residence at the hospital, and taking this into account we nevertheless consider the result obtained at least gratifying. Of those admitted during the past year, 14 had previously been discharged recovered from this or other hospitals.

TRAINING SCHOOL

There has been little change in the general work of the training school, the same standard being maintained during the past year and with a resulting high standard of excellence in the work. There were 17 members of the graduating class, the average standing for the entire class being 94.16 per cent on the examination conducted by the State hospital board of examiners, the lowest mark obtained by any member of the class being 90 per cent on said examination. As in the past few years the same arrangements are in effect in regard to our nurses being admitted to outside hospitals for special courses, and we have been able to perfect arrangements with one of two additional hospitals during the past year, whereby the efficiency of our service can be materially aided in the training of the nurses. Quite a number of our nurses have been called for in the treatment of outside cases, as in past years.

MEDICAL SERVICE

There is little to say under this caption except to repeat what was said last year, or in previous years, the general conduct of the work being along similar lines, and the only thing new possible

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to note would be that there was an extension of the work in the same directions.

Dr. R. M. Rawls and Dr. George Franklin Shiels have assisted us in the surgical work of the hospital, as in past years, their frequent voluntary visits to the hospital being greatly appreciated by us and their work being exceedingly successful.

Dr. Ward A. Holden, who occupied the position of oculist to the hospital the first portion of the year, resigned that position and was later replaced by Dr. S. Busby Allen of Riverhead, L. I., with whom arrangements were made for him to make two visits each month instead of one, as has been the case in the past.

Dr. Frank Quackenbush of Northport, L. I., continues to do the dental work of the institution. To all these gentlemen I wish to extend in the name of the hospital, our hearty thanks for their ready co-operation in the various duties in which we have been associated with them.

OVERCROWDING

Conditions as to overcrowding have been considerably bettered during the past year. The arrangements which the Commission in Lunacy kindly made to enable us to cease receiving patients for a time, caused a considerable lessening in the number of patients in residence at this hospital and a very material improvement in the general conditions, as to the numbers cared for in the wards, etc. This has to some extent been helped out by additional space given us by reason of our occupying the new employees' home, which we opened on August 2d, and from which time we rapidly moved such of our employees into that building as could be spared from the wards and other buildings, where in most cases they were occupying accommodations that could be taken advantage of for patients. Nevertheless, by reason of the constant admission of new cases, at the end of the year our census is still much higher than we could have hoped, and the net gain is only a little over 200 in excess of our highest previous number, and the outlook for the coming year is not as favorable as might be, as we have already received notification that we will be expected to receive some 300 more patients from the institution at Flatbush, besides the 60 sent us not long since and, therefore, we expect before the first of January, or a little later, to have a total census of at least 3,100 patients, besides such vacan-

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cies as we will need for the numbers that are constantly being admitted from this hospital district. This overcrowding, in my opinion, is becoming too acute to be safely put up with or allowed, and I believe that it is more acute than is at all right or proper for the safety or welfare of the hospital inmates. We have more than reached the limit beyond which this overcrowding should be allowed to go, and in some of the small rooms we have at times as many as three bedsteads, and in the dormitory wards the patients sleep in such numbers that it is impossible to have anything like the best conditions of ventilation, in the winter time more or less of the patients have to sleep near the windows on the outside tiers of beds, with the resulting danger of catching cold and having pneumonia, pleurisy or other serious troubles. Besides this, as is well known to your board and to members of the Commission, in such crowded conditions there is always a greater number of minor accidents, which come from the patients pushing or striking each other and this is largely due to the irritation brought about by their being in such close quarters and from the acute crowding itself. This is apparent everywhere, not only in the wards but in the dining rooms, and it has always been my experience that as the hospitals become too crowded, the number of black eyes and bruises, occasional fractures, and the noise and turbulence formerly so characteristic in the old asylums or mad-houses, become more and more apparent. This State has gained very materially in the benefits that have come from uniform care and high standards of management, and it is absolutely necessary that we see to it that the conditions of overcrowding do not become too acute, and it would seem as if it was extremely urgent that appropriations for additional buildings be had, so that hospitals can be relieved at the earliest possible moment from all those patients now in excess of a fair and reasonable capacity. As to whether the institutions will be still further increased in size, or new hospitals created, is a matter, of course, for the consideration of the Commission in Lunacy, but while I have always opposed making institutions of this sort too large, I would infinitely prefer that buildings should be erected for liberal accommodations even if the tendency were to make this institution larger by another thousand or two patients, providing we are still able to get the right kind of assistants in the management thereof.

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AMUSEMENTS

There is practically nothing new under this caption to be added to what has been stated in previous years, the same general routine having been followed during the past year as was stated in the last report.

GENERAL WORK, GROUNDS, ETC.

During the past year the fields near the entrance to the grounds of the State hospital were seeded and we are glad to report a markedly improved appearance of the approach to the buildings as a result. In fact, this portion of the grounds can now be said to be really handsome, and likely to impress a stranger or visitor with the dignity which is befitting so large a hospital plant. This was done by encroaching somewhat on the acreage heretofore used for farm purposes but we think not with any material loss to the institution, as farming is more expensive and less profitable in a location like this where the land is poor, as much of our Long Island land is, and the hospital expects to use its surplus help more exclusively in the raising of garden truck and such small fruits as can be well raised in this locality.

The usual general routine work, such as unloading and carting coal, ice and stores has been followed during the entire year and considering the fact that last winter was so mild that we were unable to get any natural ice, and for other reasons, the work in some of these directions has been, if anything, increased because of the amount of teaming one way or another necessary. The season has been exceptionally favorable and the yield from the farm lands and gardens is probably of much better quality than usual, as a result. There has been an improvement in the farm service this year by reason of the Commission allowing us to purchase a couple of teams of farm horses, and the temporary gain in numbers is already nearly offset by several of the old animals going out of use and dying. The farm stock at present is in fairly good shape, and by special permission of the Commission we are using the few horses that we have in excess of our usual number, by reason of the purchase and also of our having been given a team of horses by the Long Island State Hospital at Flatbush, which were replaced by a team of driving horses which they bought and which were more suitable for their work; by hauling

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loam from the land on the south of the railroad track to the hospital for covering those places where the grading in past years has been done and where heretofore the hospital has been unable to stop long enough to accumulate loam for the purpose of covering over the sandy areas. There is quite a space of this kind near the upper reservoir and there probably will be some land to be covered in the neighborhood of the new employees' home and I only regret in doing this it is going to be necessary to take almost all of the loam that can be had on the land previously referred to, to cover these areas where it is deficient. Part of this land has had to wait during the entire two years that I have been here for this treatment, as we have heretofore had too much work in hand at any one time to profitably take this up. Our thanks are due to the Commission for assisting us in this direction, as it will undoubtedly result in a material improvement in the appearance of the grounds. I wish also to especially thank the Long Island State Hospital, on behalf of this institution, for the team of work horses which they gave up, as stated, and which they allowed to come here by transfer without cost to the hospital.

In addition to the work done on the farm and gardens some two or three rustic summer houses were built of cedar poles cut in our woods and two of these are used on summer afternoons and evenings by our band in giving band concerts for our patients, thus enabling a larger number to enjoy the music than heretofore.

The land around the employees' home has been in part graded and terraced and a stand of grass has been had on the part immediately around the front and sides of the building. I hope to be able, with a comparatively open season, to finish this grading during the ensuing year, though, of course, it will take considerable time for us to get these grounds in as finished an appearance as we hope some day to see them. The latter will require the planting of trees and shrubs, and probably a system of hydrants so as to be able to water the grass in very dry weather, which has to be done on much of our grounds.

Last winter and during the early spring we had a large force of patients engaged in the woods to the south of the hospital in clearing up the underbrush, cutting out dead trees and vines and ridding the ground to some extent of briars. I had hoped that we would be able to convert this into a pleasure ground large enough for all of the patients of the hospital and furnished with rustic

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seats, so that in warm weather the patients could be taken through the woods and scattered about where they could enjoy the beauties of a beautiful park land, which this presents. Early in the season, however, I found that enormous quantities of the ground or standing, as well as the running variety, of poison ivy, or *rhus toxicodendron*, was scattered almost throughout the entire area and I regret very much that it will take a large amount of work and improvement before we can eradicate this plant, which would otherwise probably poison a large number of our patients if we allowed them to go through these woods before it was gotten rid of. This work may in part be done during the coming season, but in all probability we will have to finish all of the grading and other miscellaneous work that the hospital has in prospect so as to have a considerable force of men available in the spring and summer to cut or hoe out this ivy plant before we are through with it, and it may be a number of years before this purpose can be accomplished.

A matter of five or six acres of land was worked on shares by us for Henry Harned, our next-door neighbor, in potatoes, the result being only fair because of the failure of some of the seed.

The herd of cattle and pigs are about as last year. We have about 30 head of cows and it has not been found advantageous to increase the number, on account of the difficulty in getting perfectly healthy animals and we, therefore, prefer to buy our surplus fresh milk by contract from outsiders.

Many of the catch basins have been overhauled and some of our old gutters relaid.

Re-claiming of the marsh land at the lower boiler house has been steadily going on by means of ashes from the adjacent plant.

Considerable trap rock has been secured for repairing the roads, which has resulted in a marked improvement to the same.

Concrete foundations were supplied under the men's and women's cottages, the cement having been allowed us last year and part of the work being done before the advance of the winter season last year, and the remainder during the warm weather this year. We still have one or two more buildings, such as the club house and the dining room for the working men, for which to supply foundations and we hope that this may be done during the coming season.

Early in the spring it was found necessary to rebuild the entire coal trestle at the main boiler house, the railroad company con-

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demning the old one and refusing to allow any of their heavy cars or engines to go upon it. A great delay was occasioned during the early season in getting this work started because of the failure on the part of the railroad company to supply material as they had promised, but this work is now under way and, including the replacing of the coal scales, which had become worn out, we hope to have it completed early in the month of October of the coming year.

The basement of E kitchen was sheathed up to permit of the storage of vegetables.

The potting room of the greenhouse was rebuilt, and the roof of the rubbing room and washstand at the stable was re-shingled.

Certain repairs and minor alterations were made to the superintendent's residence.

An addition to the wagon shed back of the main stable was provided for the better protection of vehicles, etc.

A rendering tank has been secured for boiling down old bones, carcasses of dead animals, etc., which will be a material improvement for the farm.

MATERIAL IMPROVEMENTS

Under general or special fund appropriations the following improvements or betterments have been acquired for the hospital during the past year and we mention as being more especially worthy of some record in this report.

A steam roaster and one steam kettle were secured for the Group kitchen to replace those which had become cracked and unfit for use.

A vestibule was built on the main meat room by using the former cut meat room as such, and cutting a door from that into the main storage chamber, thus permitting cold air to go into the meat room instead of hot air, as was previously admitted from the cutting room. Considerable extra cork insulation was placed in this room and the salt meat room and part of the overhead track was changed, and the storage rooms and butcher shop considerably improved.

A number of leaky tubes in the Fitzgibbon boilers have been replaced with new ones during the past year.

A Powers hot water regulator was installed in the superintendent's residence.

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Early in the summer it was found that a number of coils in the refrigerating plant were worn out, principally by reason of the action of the water which we have at this locality upon them, and these were replaced with new ones at a cost of \$275.

Three sets of one-horse bob sleds were secured for hauling laundry and supplies in cold weather.

Many carpet strips have been secured to replace worn out ones in patients' and employees' rooms.

New uniforms were bought for the band out of the amusement fund during the year.

Additional radiation was supplied for the staff and steward's offices.

A number of the tea and coffee urns have been re-tinned during the past year.

Leaky tubes in the Group boiler house have been replaced with new ones during the past year.

The gutters of the dining rooms of buildings C and D have been renewed.

A new Centurion syphon closet has been placed in building B center.

The ovens at the bakery were repaired during the past year at a cost of \$104.50.

We are gradually re-galvanizing the hooks at the refrigerating plant and hope to have this finished with either hard oil or paint finish as necessary during the coming season for the betterment of its appearance.

The interior of the cooling rooms have all been shellaced and the butcher shop painted.

The steam table in the employees' dining room at the Group has been repaired and re-tinned.

A new set of grates and tubes for the road roller have been secured.

A shower bath has been placed in ward 13.

A lumber shed for the storage of material, which was much needed was built during this year.

A slate roof was provided over the dynamo room at a cost of \$1,007.

The refrigerator in C-D kitchen was moved from the lower to the upper floor and a new one built to increase the cold storage space at this kitchen.

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A new slag roof at a cost of \$625 has been placed on the north side of the boiler house to replace the worn out roof.

A new slag roof at a cost of \$750 has been placed on the old portion of the main laundry to replace one which had become in very poor condition.

The plumbing in the tailor shop has been overhauled and repaired.

New hose and nozzles have been secured for our two chemical engines.

New steel ceilings were placed in ward 3 and ward nine day rooms, and ward 9 main corridor, alcove and cross hall to the water section at a cost of \$453.

The hot water heating apparatus at the superintendent's residence was found to be defective during last winter and this has been considerably improved.

Six new lawn mowers, two machines and a stump puller were secured during the past year.

Six cows and four horses were purchased.

. Additional surgical instruments were secured for the operating room and an allowance was obtained from the Commission in Lunacy for the purpose of overhauling this room, adding a bay-window to the front and making the interior more sanitary than heretofore, which work we expect shortly to begin.

The Commission also made us an allowance during the past year for placing the interior of the club house in better repair and this will be done by putting in new walls, metal ceiling, etc.

The coal chutes at the main boiler house have all been rebuilt.

Material has been purchased for repainting the corridors, rooms and day-rooms in ward 16, and also for the re-painting of the side walls of rooms and corridors in wards 9, 10, 11, 12, and for the painting of the dairy barn. The painting of the latter is almost completed at this time.

Under special fund estimates the following items have been secured:

Two sun verandas were placed on each of the buildings C and D.

Trap rock was provided for the road, as previously stated.

The potting house at the greenhouse was rebuilt, and the roof of the rubbing room and washstand at the stable was resingled, as heretofore mentioned.

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Sun verandas have been built on two of the cottages for consumptive patients.

A new microscope has been purchased for the laboratory.

The bathing facilities on ward 45 have been considerably improved.

An extension to the wagon shed was provided.

A small one story extension was added to cottage G.

Additional settees have been secured for the use of the patients on the porches at the group.

The shell of the feed water heater at the main boiler house was renewed.

A large number of fly screens have been secured for use on certain of the wards and dining rooms to the great improvement of the hospital service and comfort of the patients, at a cost of \$1,054.20.

Concrete foundations were placed under the men's and women's cottages from cement supplied last year, as stated elsewhere.

Electric lights were provided for the basement of buildings A, B, C, D.

A rendering tank was purchased for the farm.

Awnings were purchased and placed on the sun verandas on buildings C and D where they were much needed.

Radiation has been installed in the sun verandas on cottages 24 and 28, and is now being installed in the staff laundry.

Material has been received for ceiling and painting certain portions of the main laundry and that already completed has resulted in a very material improvement in its appearance.

We were allowed some \$2,500 worth of furniture and furnishings by the Commission in Lunacy, part of it under special fund and part of it under maintenance, during the past year and most of this has either been furnished or is already ordered and expected.

An estimate has been allowed for iron window guards for the lower floor of the group, in conformance with recommendations made last year, which will undoubtedly result in better ventilation in these buildings in summer weather.

Two Kirker-Bender fire escapes have been allowed and ordered for ward 45 of the group.

An estimate has been allowed for direct steam heating in wards 10 and 12.

The work began last year of renewing the siding where neces-

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sary and putting in new window sills in the men's and women's cottages resulted in preventing the water from beating in to a very large extent in stormy weather. It is possible that this will have to be carried somewhat further but we believe that these buildings will shortly be in sufficiently good repair so that the repairs to the walls, etc., will be materially decreased.

The following appropriations were given us by special act of the Legislature, which have been greatly desired for some time.

An appropriation of \$2,500 was made for additional window guards for the group. A regular estimate has been submitted and approved and the contractor is now at work placing the guards on the building.

An appropriation of \$1,500 was made for two fire escapes on ward 45, as mentioned elsewhere. An estimate was submitted and approved and the contractor informs us that the material is now in transit for doing this work.

An appropriation of \$30,000 was allowed for a sewage disposal plant. This matter is now in the hands of the State Department of Health who have had engineers here inspecting the ground to determine as to the best method of disposing of the sewage.

An appropriation of \$8,000 was made for outside lighting. This matter is now in the hands of the State architect who is preparing plans and specifications for the same.

SUGGESTIONS AS TO FURTHER NEEDS, DESIRABLE IMPROVEMENTS, ETC., FOR THE COMING YEAR OR FUTURE

Building for industries, steam heat, light, electrical connection and finished cellar, which might possibly be used in place of the root cellar, asked for elsewhere. We assume that a four story building, with basement made of cement, etc., would cost \$26,000. We have allowed \$4,000 for heating, lighting, cables, shafting, etc., necessary to fix up the building.....	\$30,000 00
Betterment of serving room accommodations at group, including building and equipment.....	4,200 00
Disinfecting chamber, steam machine, 5' in diameter, circular type, etc., including building and machine; to be placed in connection with the laundry.	1,900 00

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Sewage disposal system.....	\$15,000 00
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Permanent boiler house instead of auxiliary plant at group. Under the present operation of the steam plant with the main boiler house as far away from the points of distribution as is the case at present, there is a very considerable loss of heat through radiation, which loss in a yearly aggregate must be a very considerable one to the hospital. Inspectors passed six of the H. T. boilers at the main boiler house conditionally upon certain repairs being made for the time being, with the understanding that further repairs would have to be made later. These repairs were stated to us as necessitating the entire resetting of these boilers, which would cost between \$3,500 and \$4,000. The cost of moving the boilers from their present location to the site of the temporary boiler house near the group would be approximately \$4,000, but if they were taken down and reset during the next year it would not be long before they would again have to be removed, in order that the hospital would receive the full benefit in the change in location, for the reason that the auxiliary boiler house is not located at the point of most considerable advantage. It is important that whenever the State is ready to take up this matter a permanent boiler house be erected for heating purposes at a position conveniently located to the north and east of building C, as, at this point, it will be most easy to get back the returns from condensation by gravity, but in affecting this a complete change in the heating system, as far as the heating of the buildings is concerned, would have to be affected. This change would enable us to supply the principal part of the steam used much more directly and with greatly increased economy, while the old plant could be used for furnishing the small amount of steam used at the eastern end of our grounds, for the laundry and other buildings at

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that point, as well as for electric lighting, and any change of this kind would have to be taken into consideration, with such plans as might be projected for the future, especially if it was determined to construct any more buildings for patients at Kings Park. These matters are mentioned in order that the advantages to be obtained can be considered in connection with the matter of such necessary repairs as will undoubtedly have to be made to meet the actual present needs of the hospital	\$60,000 00
For constructing two cement walks, one on each side of boulevard, from building A. to upper end of boulevard, a distance of 5,600 feet: walks to be 5 feet wide and 4 inches thick, including top coating; labor to be done by hospital employees and patients.	2,800 00
Changes in employees' quarters at main stable and dairy barn	2,500 00
Purchase of additional land.....	15,000 00
New ceilings, walls, etc., at storehouse. The old portion of our storehouse needs fitting up with fixtures; there should be a ceiling put in, walls plastered and provisions made for keeping out rats, which are very troublesome.....	400 00
Administration building and additional accommodations for medical staff.....	.....
Long distance telephone extension to group office, first assistant physician's residence and resident steward's desk	66 00
Electric diet kitchens for tubercular cottages 24 and 28	500 00
Steel ceiling, ward 10.....	400 00
Broken trap rock for re-covering and repairing the main driveway of the hospital, 476 cu. yds.....	949 94
Repainting all the men's and women's cottages and cottages G, H, I and J.....	1,600 00
Painting male dining hall and amusement hall...	200 00
(Above two items outside painting.)	
Painting steel ceilings of group dining room,	

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painting the walls and ceiling of wards 47, 48 and 49 and varnishing the interior woodwork of same wards	\$2,718 64
Changing the locks on corridor doors connecting wards, also the doors leading out of doors in all the buildings and the men's and women's cottages, morgue, tin shop, paint shop, tailor shop, blacksmith shop, greenhouse, storehouse, kitchens, bakery, laundry, stable, soap house, machine shop, carpenter shop, tool and oil house, piggery, dynamo room, electrician's shop and fire house, a total of 441 locks, to a heavy bitted key, the same as is now used in the nurses' home and at Central Islip so that a key of uniform pattern, operated by the same master key, will be in use on all the buildings of the hospital.	1,455 30
At present provisions have not been made for the heating of our isolation cottage. We have a Mercer hot water heater at the institution in good condition which can be used for this purpose. It is desired to build a basement under the isolation cottage of suitable size to accommodate the heater and protect the hot water pipes and to instal this heater there and connect same to the necessary radiators to keep the building suitably warm in the event of its being necessary to use same during cold weather. The estimated cost of building the basement and installing the heater is.	524 97
Extension to first assistant physician's house.	650 00
Furniture, carpets, linoleum, etc., for buildings A, B, C, D, group and cottages, sun verandas, amusement hall, etc.	1,071 26
Window guards for ward 6, sun veranda, building B. When this sun veranda was erected it was not considered necessary to put window guards on the lower floor of same as it was thought no difficulty would be experienced with the patients trying to escape from the veranda, but since the veranda has been in use there have been several attempts made to escape by patients jumping out of the windows, and as the window	

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sills are some distance from the ground it is thought best to put guards on to prevent the liability of some one being injured.....	\$413 75
Window guards for first floor, new section of the storehouse. At present the rear or new section of the storehouse is protected only by the windows being fastened with sash fasteners. Anyone could easily affect an entrance by simply breaking the glass. It is desired to put guards on these windows to prevent this.	
Window guards for lower floor of octagon, sun veranda, ward 10	210 00
Window guards for lower floor octagon, sun veranda, ward 13	210 00
When these sun verandas were erected no provisions were made for window guards for the lower floors of the octagons, and it is desired now to place guards on these windows so as to give the patients more freedom without the liability of their being injured by jumping out of the windows or escaping.	
Window guards for men's and women's cottages. In the men's and women's cottages, the employees' rooms which have been vacated, the employees being transferred to the new home, are without window guards. There are also a few other windows in the buildings on which there are no window guards. These at present are protected with wood slats which make the buildings unsafe as the wood slats can be wrenched off without great difficulty and egress made.	
Leader collar and cuff ironer, dampner and rough edger. This machine is needed for the laundry as at present our laundry is equipped with only a hand dampner and an old style collar turner which does very poor work and wears out collars rapidly	100 00
Reoxidizing the electroliers and fixtures in group. The electroliers and fixtures in the group have corroded due to the action of the salt air here and look unsightly and they need to be reoxidized...	1,200 00

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Improvement to heating of 14 wards (1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 13, 14, 15, 16) in buildings A, B, C, and D.

An allowance was made during the past summer to install some direct radiation in wards 10 and 12. This will involve the shutting down of about one-half of the present indirect radiation in these wards, which was improperly installed, causing a waste of steam, and it is estimated that sufficient steam will be saved to run the new direct radiation and keep the wards at a comfortable temperature. This radiation is now being installed and if the theory is correct and the results are obtained which are sought, it would seem advisable to extend this system of heating throughout the four brick buildings.

Wire fly screens for nurses' home. It is desired to provide the windows of the nurses' home, also the doors, with fly screens during the summer. At present but 63 windows there have been provided with same

\$700 00

Renewal of the roof of cottage G. Part of the roof of cottage G, staff, is in poor condition, as the shingles are rotten and the roof leaks badly during heavy storms

207 30

Concrete foundations for male dining-hall. The male dining-hall now has pillars under it with wood sheathing between. This makes the building cold and the ventilation poor and it is deemed advisable to place concrete foundations under this building, the same as were placed under the men's and women's cottages. Labor only.....

170 00

Cellar frames and sash for men's and women's cottages. It is desired to provide frames and sash for the openings left for that purpose in the cement foundations of the 16 wooden cottages. These openings were left in the foundations so as to provide for proper light and ventilation in the basements of the cottages

185 31

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Shed for the protection of farm wagons and tools, 20 x 120 ft. x 12 ft. high, pitch roof. It is desired to construct this shed out of corrugated iron for the protection of farm wagons and tools, as we have not sufficient storage space for same at present

\$477 90

The lease on Harned's pond, where the wells are sunk, which supply the hospital with water, expires in November, 1907, and the matter of renewing this lease or making other provisions for an adequate water supply for the hospital should be arranged for at an early date.

In the electric plant there is much to be considered which cannot be intelligently arrived at until the hospital has further knowledge as to the probable expansion of the electrical system for the coming three years. For instance, as to the probable installation of an outside system of street lighting, the construction of an amusement hall, the construction of diet kitchens, an office building, and an industrial building, all of which would require additional power. Our large engine, which, for the past 20 years, has done very good service with very little expense for repairs, other than a new fly wheel and governor, is still in poor condition and requires further repairs in the way of a new crank shaft which was sprung many years ago. While this engine has for years been operated in this condition and may run for many years, yet we cannot but feel that it should be considered as a dangerous condition and liable to do great damage should the crank shaft break. It is our electrical engineer's opinion that this shaft will crystallize and break, due to the enormous strain brought upon it by the oscillating of the fly wheel, these oscillations being caused by the sprung condition of the shaft. To remedy this condition will probably cost \$500, and this expenditure, our electrical engineer does not believe the engine warrants when it is considered

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that an engine of its size and type is misplaced in a plant of this kind, as the original intention and design of the plant at the time the engine was installed was not carried out, and the size and type of engine was selected and installed many years ago. The engine is too large and cumbersome and cannot be operated as intended under present conditions. The dynamo used with same is too small for our future use and, therefore, it is thought best, instead of making further expenditures for repairs, that the purchase of a new direct-connected generating set should be considered at a probable cost of from \$12,000 to \$15,000. The remaining two engines and dynamos are in fair condition, although the Westinghouse engine has given us considerable trouble in the past on account of its throwing the lubricating oil out of its crank case, resulting in the loss of considerable oil and the melting out of the bearings. The Westinghouse Engine Company has been trying to stop this unusual condition, but so far without results.

Additional steam heating for the tailor shop. . . .

\$414 02

It is desired to install four additional radiators in the tailor shop, as there is only about half enough radiation there now to heat this building, and in order to install the new radiation it will be necessary to change all the present piping, as it is too small to permit of more radiation being taken off it. One portion of this tailor shop, until the past year, was used for a paint shop, but as we were crowded for room in the tailor shop and desired to bring ward 8 sewing-room there we moved the paint shop. The old portion of the tailor shop has never been sufficiently heated, and it has always been necessary to run a stove in the winter. Due to the enlargement of the tailor shop the need of additional radiation is more pronounced than before.

Laboratory. It is desired to construct a work cabinet, table and fume closet in the laboratory, and

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

connect through the roof with a ventilator; estimated cost is	\$133 36
Ventilating and controlling device for the ventilator sash in the laundry, which includes the furnishing and erection of the ventilating apparatus. . . .	600 00
Piping and lawn hydrants for new lawns of nurses' home	300 00
Repairs to the roof of the sun parlor at group. The size of the skylight in this sun parlor is about 17 ft. x 96 ft. It is also desired, in addition to taking out the glass and resetting it, to install 20-inch galvanized iron ventilators; estimated cost.	1,000 00
Monitor handcarts, five	75 00
Repairing large engine at the dynamo-room.	600 00
Extra boilers for high and low pressure service. . . .	6,000 00

At the main boiler-house an additional high-pressure boiler for the lighting service will probably be necessary another year, and in the event of any considerable building being done, such as the erection of an amusement hall or an administration building, etc., it will be necessary to secure a low-pressure boiler for steam heating, as we have now reached our limit of boiler capacity for heating purposes.

VISITORS

The hospital has been visited by the State Commission in Lunacy; the members of the board of managers; Miss M. V. Clark and Rev. J. C. York of the State Charities Aid Association; G. L. Heins, State architect; Dr. William L. Russell, State medical inspector; Dr. G. A. Smith, superintendent of the Central Islip State Hospital; Dr. O. M. Dewing, superintendent of the Long Island State Hospital; Dr. Thomas J. Mitchell, superintendent of the Mississippi State Insane Hospital; Dr. Isham G. Harris, acting superintendent of the Hudson River State Hospital; Mrs. A. L. Stewart, member of the board of managers of the Willard State Hospital; Dr. Whitman V. White, member of the board of managers of the Manhattan State Hospital; Dr. S. T. Armstrong, superintendent of Bellevue and allied Hospitals; Lt. Col. Donnet of the British army; Dr. V. A. Moore of Cornell university; Dr. Tolfree, U. S. Navy and Dr. Adolf Meyer of the Pathological Institute.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

ACKNOWLEDGMENTS

The Greenport Watchman, the Brooklyn Citizen, the Brooklyn Daily Times and the Northport Journal have been regularly received and much appreciated. Contributions of reading matter, papers, etc., have been received from Rev. John C. York, of Huntington, and Mrs. Potter, of Fort Salonga, which were greatly appreciated. The hospital has also received contributions of books from the New York City Public Library and the New York State Library at Albany, which were much appreciated.

RESIDENT OFFICERS

Dr. Gordon M. Gibson was appointed medical interne, December 4, 1905, and in May, 1906, was promoted to the position of junior physician.

Dr. Charles H. Meade was appointed medical interne, August 27, 1906.

Dr. C. J. Patterson was appointed to the position of junior physician September 4, 1906.

Dr. Ward A. Holden, ophthalmologist, resigned June 24, 1906.

Dr. S. Busby Allen was appointed ophthalmologist July 1, 1906.

In conclusion I desire to express my appreciation of the courtesies received during the past year from the members of the State Commission in Lunacy, the visitors from the State Charities Aid Association and the members of the board of managers, as well as from the various officers and employees of the hospital.

Very respectfully yours,

WM. AUSTIN MACY

Superintendent

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TREASURER'S REPORT

RECEIPTS

Balances on hand October 1, 1905:

Salaries	\$186 66
Wages	1,059 40
Special fund, chapter 635, Laws 1904	5 75

 \$1,251 81

Supplies deficit	290 87
----------------------------	--------

\$960 94

Received from State comptroller:

For salaries	\$23,300 00
For wages	172,500 00
For supplies	326,973 42

 522,773 42

Received from reimbursing patients.....

25,004 52

Received from steward's sales.....

924 43

Received from M. B. Campbell, attorney:

Costs vs. Sadler	\$25 00
Costs vs. Erickson	25 00
Costs vs. Conklin	25 00
Costs vs. Happ Binder	25 00
Costs vs. Jefferson	25 00
Costs vs. Pregeneser	25 00
Costs vs. Zeter	25 00
Costs vs. Horax	25 00
Costs vs. Grimm	25 00
Costs vs. Engle	25 00
Costs vs. Gregory	25 00
Costs vs. McLauren	25 00
Costs vs. Mersac	25 00
Costs vs. Jarrett	25 00

 350 00

Received from all other sources.....

558 05

Received from State comptroller, chapter 635,

Laws of 1904

33,242 85

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Received from State comptroller, chapter 700,	
Laws of 1905	\$3,273 07
Received from State comptroller, chapter 702	
Laws of 1905	18,132 99
Received from State comptroller, chapter 686,	
Laws of 1906	1,186 34
<hr/>	
Total receipts	\$606,406 61
<hr/>	

DISBURSEMENTS

Estimate No. 1. Officers' salaries . . .	\$23,467 48
Estimate No. 2. Employees' wages..	173,138 86
Estimate No. 3. Provisions and stores	169,754 31
Estimate No. 4. Ordinary repairs...	15,606 53
Estimate No. 5. Farm and grounds..	11,490 12
Estimate No. 6. Clothing	25,349 17
Estimate No. 7. Furniture and bed-	
ding	12,248 86
Estimate No. 8. Books and stationery	2,864 09
Estimate No. 9. Fuel and light	64,671 21
Estimate No. 10. Medical supplies . .	4,299 73
Estimate No. 11. Miscellaneous ex-	
penses	12,892 42
Estimate No. 12. Transportation . . .	1,642 31

Total disbursements, estimates 1 to 12 in-	
clusive	\$517,425 09
Deposited First National Bank of Northport to	
cover shortage in bank account.....	207 73
To pay State treasurer, sundry receipts, under chap-	
ter 560, Laws of 1903 as amended.....	25,544 52
To pay special fund, chapter 635, Laws of 1904...	33,248 60
To pay special fund, chapter 700, Laws of 1905...	3,273 07
To pay special fund, chapter 702, Laws of 1905...	18,132 99
To pay special fund, chapter 686, Laws of 1906...	1,186 34
<hr/>	
Balance on hand.....	\$7,388 27
<hr/>	
Total	\$606,406 61
<hr/>	

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

CLASSIFICATION OF BALANCES

Balance on hand to:

Salaries	\$19 18
Wages	447 15
Supplies	6,921 94

Total	\$7,388 27
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GENERAL REVIEW OF STATE HOSPITALS

Medical Service.

Number of physicians, including internes.	14
Ratio of physicians to service.	1 to 186.714
Annual per capita cost of medical service.	\$8.978

Employees

Total number of employees.	492
Ratio of all employees to patients.	1 to 5.313
Ratio of attendants to patients.	1 to 11.670
Annual per capita cost of all employees.	\$66.235

Fuel and Light

Total cost	Per capita	Total tons	Average price
\$63,839 37	\$24.422	17,187.3	\$3.714

FARM PRODUCTS FOR YEAR ENDING SEPTEMBER

30, 1906

Article	Quantity	Price	Amount
Asparagus, bunches.	598	\$0.07	\$41 86
Beets, bus.	679½	.30	203 85
Beans, Lima, bus.	88	.75	66 00
Beans, string, bus.	265 29/35	.50	132 92
Brussels sprouts, bus. . . .	132 18/25	.75	99 54
Cabbage, lbs.	146,952	.50 C	734 76
Carrots, bus.	491 6/55	.30	147 33
Cauliflower, hds.	557	.06	33 42
Celery, hds.	12,404	.03	372 12
Chard, Swiss, bus.	79	.20	15 80
Corn, sweet, ears	48,218	.75 C	361 64
Cucumbers, bus.	369 13/60	.50	184 60

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Article	Quantity	Price	Amount
Egg plant, lbs.	1,097	.03	\$32 91
Horse radish, bus.	30 4/10	.50	15 20
Kale, bus.	427 2/3	.50	213 83
Kohl rabi, bus.	144 4/5	.35	50 68
Leeks, bus.	259 2/5	.30	77 82
Lettuce, bus.	645 7/25	.40	258 11
Onions, bus.	96 9/57	.60	57 70
Onions, green, bunches ..	9,114	.02	182 28
Parsley, bunches	103	.03	3 09
Parsley, bus.	71 4/5	.50	35 90
Parsnips, bus.	487 3/10	.40	194 92
Peppers, Chili, qts.	34½	.05	1 72
Peppers, green, bus.	99½	.75	74 50
Peppers, red, doz.	84½	.03	2 54
Peas, green, bus.	200 7/45	.75	150 12
Pickles, count	260	.75 C	1 95
Potatoes, white, bus. ...	2,529 5/6	.50	1,264 91
Potatoes, sweet, bbls. ...	112 57/135	1.75	196 74
Pumpkins, tons	4.1875	5.00	20 94
Radishes, bus.	391 4/7	.75	293 67
Rhubarb, lbs.	32,764	.02	655 28
Squash, summer, lbs. ...	2,630	1.00 C	26 30
Squash, winter, lbs.	5,970	1.00 C	59 70
Salsify, bus.	74 7/40	.50	37 08
Spinach, bus.	398	.25	99 50
Tomatoes, ripe, bus.	1,750 4/5	.40	700 32
Tomatoes, green, bus. ...	213 4/5	.25	53 45
Tobacco, leaf, green, with stems and stalks, bus..	16,425	.05	821 25
Turnips, white, bus.	1,097 31/55	.25	274 39
Turnips, rutabaga, bus...	812 4/5	.25	203 20
Apples, cider, bus.	331 2/3	.25	82 92
Apples, crab, bus.	4 33/48	.75	3 51
Apples, eating, bus.	296	.50	148 00
Cherries, qts.	297	.06	17 82
Melons, musk, count....	1,637	.05	81 85
Melons, water, count....	1,088	.10	108 80
Pears, cooking, bus.	4 38/60	.50	2 32
Pears, eating, bus.	23 5/6	1.00	23 83
Quinces, bus.	7 4/5	.75	5 85

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Article	Quantity	Price	Amount
Raspberries, red, qts.	234	.08	\$18 72
Strawberries, qts.	1,762	.08	140 96
Cider, gals.	50	.15	7 50
Beef, carcass (20), lbs. ...	11,128	.065	723 32
Beef, heads	10	.14	1 40
Beef, livers	20	.33	6 60
Beef, hearts	17	.07	1 19
Beef, tongues	20	.38	7 60
Beef, tails	10	.20	2 00
Beef, tallow, rough, lbs. .	411	.03	12 33
Beef, hides, lbs.	1,234	...	123 35
Calves	12	...	34 00
Pork, carcasses (311), lbs.	49,048	.075	3,678 60
Pork, livers	301	.33	99 33
Pork, hearts	301	.07	21 07
Pork, tongues	281	.38	106 78
Pork, trimmings, lbs. ...	55	.03	1 65
Eggs, doz.	66 $\frac{1}{4}$	.20	13 25
Milk, qts.	106,611	.0325	3,464 86
Alfalfa, tons	51.3975	5.00	256 99
Mangel wurzel, bus. ...	1,041 $\frac{1}{4}$	.20	208 25
Timothy hay, tons	23.32	12.00	279 84
Clover hay, tons	36.54	12.00	438 48
Red top hay, tons	1.15	12.00	13 80
Mixed hay, tons	20.085	9.00	180 76
Oats and peas, green, tons.	11.535	3.00	34 61
Oats and peas, cured, tons.	7.685	8.00	61 48
Beet tops, tons	17.4795	3.00	52 44
Carrot tops, tons	2.805	3.00	8 41
Turnip tops, tons	38.385	3.00	115 16
Cabbage, rough, tons ...	67.95	3.00	203 85
Potatoes, small, sweet, tons . ....	.945	3.00	2 83
Grass, green, tons	2.91	3.00	8 73
Pea vines, tons	2.305	1.50	3 46
Corn, green, tons	7.28	3.00	21 84
Ensilage, tons	185	3.50	647 50

Total \$19,931 68

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STATEMENT SHOWING AMOUNTS EXPENDED
UNDER CHAPTER 635, LAWS OF 1904, CHAPTERS
700 AND 702, LAWS OF 1905 AND CHAPTER 686,
LAWS OF 1906 FOR SPECIAL FUND IMPROVE-
MENTS FROM OCTOBER 1, 1905 TO SEPTEMBER 30,
1906, INCLUSIVE.*Chapter 635, Laws of 1904*

Architectural draughtsman	\$87 99
Inspection	80 60
Nurses' home	8,878 65
Rain baths for cottages.....	24 76
Addition to main laundry for staff.....	2,065 93
Carpet and linoleum for new extension of superin- tendent's residence	658 26
Railroad track for grading.....	554 21
Telephone extension.....	185 81
Furniture, nurses' home	11,607 40
Plumbing for nurses' home.....	3,963 53
For correcting defects and completing work on nurses' home	1,356 23
Labor and material required for completing nurses' home	1,099 21
Telephone and fire alarm cables for nurses' home..	106 37
Plumbing, wooden cottages	533 34
Watchman, nurses' home	187 50
Picture moulding, nurses' home.....	496 85
Lowering main water line at nurses' home.....	63 65
Cement walk and steps, nurses home.....	128 22
Fire escapes, nurses' home.....	1,100 00
Catch basins for nurses' home.....	70 09
Total	<hr/> \$33,248 60 <hr/>

Chapter 700, Laws of 1905

Back pay for employees.....	\$267 43
Commutation ticket fund	3,005 64
Total	<hr/> \$3,273 07 <hr/>

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Chapter 702, Laws of 1905.

Extension to carpenter shop.....	\$577 77
Planer, matcher, etc.....	447 42
Bathing facilities, ward 45.....	937 10
Laundry equipment.....	2,357 11
Pole line, tailor shop.....	102 88
Electric light wiring and telephone, isolation cottage	57 70
Sun verandas for two cottages.....	823 54
Concrete foundations, wooden cottages.....	714 75
Remodeling buildings C and D.....	7,616 87
Ammeter, transformer, etc.....	242 00
Inspection.	64 63
Architectural draughtsman.....	390 54
Engineer.	35 01
Toilet, operating room, building B.....	124 80
Microscope.	112 50
Addition to wagon shed at stable.....	64 99
One story extension, cottage G.....	177 57
Trap rock for roads.....	949 94
Settees for group.....	452 73
Electric lights for basements of buildings A, B, C and D.....	386 22
Feed water heater.....	442 72
Fly screens for dining rooms, etc.....	794 20
Window fly screens for wards 6 and 10.....	260 00
Total	<u>\$18,132 99</u>

Chapter 686, Laws of 1906

Inspection	\$4 61
Engineer	6 41
Ceiling, painting and varnishing main laundry...	768 65
Installing radiators and piping in sun verandas of cottages 24 and 28.....	196 72
Installing steam radiators in new staff laundry....	209 95
Total	<u>\$1,186 34</u>

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Article	Quantity	Average cost	Per capita
Fresh meats, lbs.	463,177½	.0657	\$11.644
Wheat flour, bbls.	3,999	4.14	6.333
Butter, lbs.	110,853	.2194	9.304
Cheese, lbs.	18,724	.1226	.878
Condensed milk, quarts..	96,007	.1656	6.084
Eggs, dozens	54,025	.1988	4.109
Tea, lbs.	7,377½	.1513	.427
Coffee, lbs.	33,056	.1179	1.491
Sugar, lbs.	142,199	.0452	2.458
Whiskey, gals.	135	2.05	.106
Coal, bituminous, tons ...	4	5.75	.009
Coal, stove, tons	596.7	5.50	1.255
Coal, pea, tons	16,590.6	3.65	23.167

WORK DONE IN THE ENGINEER'S DEPARTMENT FOR YEAR ENDING SEPTEMBER 30, 1906.

Sixteen hundred square feet of radiation has been installed in the new verandas of building C and D.

Four hundred square feet of radiation has been installed in the new staff laundry.

Three hundred and twenty square feet of radiation has been installed in the new verandas of cottages 24 and 28.

A new hot water header main has been installed in the old part of the superintendent's residence.

Twelve laundry wash tubs and toilet fixtures have been installed in the new staff laundry.

Four washers, with the necessary new shafting, etc., have been installed in the extension to the main laundry; also a new four-inch steam main from the laundry to the steam conduit.

Two new rain baths, six lavatories and four closets have been installed in ward 45.

Four hundred square feet of extra radiation have been installed in the steward's and staff offices in building A.

Additional plumbing has been installed in the operating room, building B, the tailor shop and the stable.

A new lavatory and closet has been installed in the new bathroom of cottage G; also an old bathtub and radiator.

A new power planer, together with the extra shafting, etc., has been installed in the extension to the carpenter's shop.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

All the necessary repairs to the heating and plumbing system of the hospital have been attended to from time to time and other repairs too numerous to mention have been made.

**WORK DONE IN THE CARPENTER'S DEPARTMENT
FOR YEAR ENDING SEPTEMBER 30, 1906**

- Shelving cloak rooms in wards 5, 6 and 8.
- Sheeting inside of basement of E dining-room.
- Closing front of fixtures in drug store with glass doors.
- Built new ventilator on roof over dynamos.
- Built lumber shed for carpenter's department.
- Rebuilt two large coolers in C-D kitchen.
- Built two octagonal rustic bandstands.
- Made one cutting table for butcher shop.
- Put new roof on part of the coach barn.
- Built new potting house for florist.
- Made 67 wire screens for nurses' home.
- Creosoted wooden conduit to morgue.
- Brick oil house for electrical department.
- Rebuilt water section of tailor shop.
- Extended wagon shed 30 feet.
- Rebuilt small greenhouse.
- Built new entrance steps for four cottages.
- Garbage stands for A-B and C-D kitchens.
- Remodeled three clothing rooms at group.
- Made 19 bathing racks.
- Built two inside and two outside cylinders for washers at laundry.
- Made alterations in bathroom, ward 45.
- Made all coffins required by the hospital; also a large number of small repairs too numerous to mention.

**WORK DONE IN THE PAINTING DEPARTMENT DURING
THE YEAR ENDING SEPTEMBER 30, 1906**

- Carriage barn and shed painted two coats.
- Fifteen sign boards lettered.
- Staff dining room painted.
- Hillside greenhouse glazed and painted.
- Carpenter shop and lumber shed painted.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Four dirt carts painted.

Two rooms painted two coats; B center.

Drug store painted.

E dining hall painted two coats.

Group kitchen — all woodwork and ironwork painted and varnished.

Butcher shop painted and varnished.

Cold storage — all woodwork shellaced two coats.

Men's cottages — woodwork varnished; walls kalsomined and painted in places.

All spice boxes in kitchens painted and lettered.

Cottage 24 — new sun room painted.

A-B kitchen — walls and woodwork painted and varnished.

C-D kitchen — walls and woodwork painted and varnished.

Cottage 28 — sun room painted two coats.

A-B kitchen — clerks' dining room varnished.

A-B kitchen — hall woodwork varnished.

A-B kitchen — water section painted and varnished.

A-B kitchen — walls of four rooms painted and woodwork varnished.

Women's cottages — walls touched up. Radiators painted in cottages 17, 18, 19, 21, 22 and I.

Cottage 23 — all walls kalsomined, woodwork stained and varnished.

Male dining hall — serving room walls painted, woodwork varnished.

Ten ice boxes scraped and varnished.

New home — all rooms numbered.

Tailor shop — water section painted.

Staff laundry — painted two coats outside. All woodwork varnished two coats inside.

Cottage G — kitchen varnished.

Cottage G — new extension painted two coats.

Eighty yards of duck dipped in oil.

Farm house — painted walls of one room and woodwork, two coats.

Group boiler house — smoke stacks painted two coats.

Two hundred window screens painted and varnished.

House on bluff — four rooms and hall painted, one room papered.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Seventy telephone poles painted two coats.

Bakery windows painted.

Potting shed painted two coats.

Building A — painting and varnishing on wards 1, 2, 3 and 4.

Building B — painting and varnishing on wards 5, 6, 7 and 8.

Building B dining room — walls painted two coats, wood-work varnished.

Building B center — four rooms painted, woodwork varnished.

Building C — painting on walls and woodwork varnished in wards 9, 10, 11 and 12 and dining-room painted two coats.

Building D — painting walls and all woodwork varnished on wards, 13, 14 and 16.

Nine hundred beds painted.

New wheelbarrows painted.

Twenty thousand feet of tin roofs painted.

Superintendent's house — walls and woodwork painted in six rooms, two coats and general touching up throughout the house; radiators bronzed; 68 window screens scraped and varnished; stoop floors painted; touched up outside woodwork, one coat paint.

Six thousand five hundred pieces of furniture varnished.

Cottage J — two rooms painted. Cottage H — one room painted. Nine carriages painted; one bread wagon painted; one swill wagon painted; two delivery wagons painted; one laundry wagon painted; one express wagon painted; two farm trucks painted; one heavy truck painted; one mail cart painted; also a large number of small jobs too numerous to mention.

**WORK DONE IN THE MASON'S DEPARTMENT FOR
YEAR ENDING SEPTEMBER 30, 1906**

Cement walks and floors, square yards.....	720
Plastering, square yards	3,300
Brick work, cubic feet	500
Sewer pipe, lineal feet	600
Kitchen floor tile, square feet	30
Firebrick lining, surface feet	620

Also a large number of small repairs too numerous to mention.

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WORK DONE IN THE ELECTRICAL DEPARTMENT
FOR YEAR ENDING SEPTEMBER 30, 1906

Nine six-pound electric flatirons fitted with improved automatic take-ups and circuit breakers have been installed in the new staff laundry.

The two-story veranda attached to buildings C and D have been wired and seven 50 c. p. Meridian lamps on each floor of the rectangular veranda, and four 50 c. p. Meridian lamps on each floor of the octagonal verandas; all the lights have selective switch control, so that only the required amount of light need be used.

The isolation cottage has been wired for 18 lights and four switches, all fixtures including a transformer, primary service wires and telephone connection have been provided.

Seven lights including the necessary wiring have been installed in the new section of the carpenter shop; the wiring in the old section has been rearranged.

A new circuit of wire has been installed for the drug store.

Four additional lights have been wired for and installed in the treasurer's office.

Several changes have been made to the wiring in ward 10.

All the fixtures in the corridors of wards 9 and 11 and sitting room of ward 3 have been rewired and moved to new locations to suit the new steel ceilings.

A new 100 line, express type, telephone switchboard, together with the necessary cables, terminal and distributing boxes, lightning arresters and motor generator ringer has been installed in building A center.

Twenty-five telephones have been remodeled and fitted with new hook switches, induction coils, receivers and transmitters.

The fire alarm system has been remodeled and new special apparatus has been made for operating this system at a very low cost. This system is probably the most economical closed circuit system yet invented.

A new 20 k. w. transformer has been installed in building C transformer room, replacing six smaller ones, the latter being used for other work.

Stombaugh iron anchors have been set at various points along the pole lines, replacing the wooden anchors which have rotted.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

The general repairs to electrical apparatus about the hospital have been attended to daily.

All the extension cords have been removed from the rooms in wards 1 and 15 and the switches for controlling the individual room lights have been reinstalled.

Thirty-six new drop cords and sockets have been installed in the cottages, replacing wornout and soiled cords.

In the tailor shop, 10 new lights have been installed and wiring in general overhauled; new bearings were also fitted to the electric motor.

The new addition to cottage G has been wired for four lights, two wall receptacles, one switch, one wall bracket and one four-light chandelier have also been installed.

The basement of buildings A, B, C and D have been wired in conduit for 12 lights each, panel boxes and switches being installed in connection with this work.

A band stand on the female side has been illuminated.

An extension portable hand light has been installed in the operating room.

A coachman's call bell, operated from the superintendent's driveway, has been installed at the coach barn.

A new system of drawing lubricating oils from barrels has been installed in the dynamo room.

A new crank case vent pipe has been installed for the Westinghouse engine in the dynamo room.

The electric incubator at the laboratory has been remodeled and lagged with asbestos.

The centrifuge in the laboratory has been rewound.

A telephone cable connecting the nurses' home and switchboard at building A has been installed.

A telephone and connecting cable have been installed for the toolhouse.

Telephones have been installed in the following places: Ticket office, group center, clerks' desk, steward's office, ward 1 and ward 15.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905	1,139	1,432	2,571
Admitted during year ending September 30, 1906.....	347	249	596
On original commitments:			
From residences and Kings County Hospital	277	238	515
By transfers from county houses.....	1	1	2
By transfers from other institutions for insane	69	10	79
Total number under treatment during year..	1,486	1,681	3,167
Daily average population.....	1,163	1,451	2,614
Capacity of institution.....	996	1,424	2,420
Discharged during year:			
As recovered.....	82	61	143
As improved.....	24	26	50
As unimproved.....	16	12	28
As not insane.....	7	2	9
Died.....	79	63	142
Whole number discharged during year.....	208	164	372
Remaining October 1, 1906.....	1,278	1,517	2,795

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	October 1, 1905
Total acreage of grounds and buildings.....	889.74½
Value of real estate, including buildings.....	\$3,835,259 60
Value of personal property.....	184,548 73
Acreage under cultivation.....	299

Receipts during the year, maintenance fund:

Balance on hand October 1, 1905.....	\$955 19
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	522,773 42
From reimbursing patients.....	25,004 52
From all other sources.....	1,832 48
Total receipts for maintenance.....	\$549,610 42
Total receipts from manufacturing fund.....	\$13,356 37

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Table No. 2 — (Continued).

Disbursements during year for maintenance:

Estimate No. 1. For officer's salaries.....	\$23,467 48
Estimate No. 2. For wages	173,138 86
Estimate No. 3. For provisions and stores...	169,754 31
Estimate No. 4. For ordinary repairs.....	15,606 53
Estimate No. 5. For farm and grounds.....	11,490 12
Estimate No. 6. For clothing of patients.....	25,349 17
Estimate No. 7. For furniture and bedding...	12,248 86
Estimate No. 8. For books and stationery.....	2,864 09
Estimate No. 9. For fuel and light.....	64,671 21
Estimate No. 10. For medical supplies.....	4,299 73
Estimate No. 11. For miscellaneous expenses...	12,892 42
Estimate No. 12. For transportation	1,642 31

Total disbursements, estimates 1 to 12 inclusive..	<u>\$517,425 09</u>
--	---------------------

Deficit in bank account deposited in First National Bank of Northport.....	\$207 73
--	----------

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	55,841 00
--	-----------

Total disbursements during year, manufacturing fund.....	<u>10,896 41</u>
--	------------------

Balances October 1, 1906:

General maintenance fund.....	\$7,388 27
Manufacturing fund	2,592 06
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	<u>3.796</u>

Maximum rate of wages paid attendants:

Men.....	\$30 00
Women.....	<u>22 50</u>

Minimum rate of wages paid attendants:

Men.....	\$22 00
Women.....	<u>16 00</u>

Proportion of day attendants to average daily population.....	1 to 14.28
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Proportion of night attendants to average daily population.....	1 to 63.76
---	------------

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Table No. 2 — (Concluded)

Percentage of daily patient population engaged in some kind of useful occupation	41.86
Estimate value of farm and garden products during year	\$23,559 93
Estimated value of articles made or manufactured by patients during year	37,536 00

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906.			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	8	9	17	2	3	5	5
Mental strain, worry and overwork (not included in above)	8	12	20	3	5	8	4
Religious excitement	2	2	4	1	2	3	1
Love affairs (including seduction)	1	2	3	....	1	1	2
Fright and nervous shock	7	4	11	2	1	3	4
Physical:							
Intemperance	53	6	59	2	....	2	15
Venereal diseases	10	2	12	2	....	2	6
Masturbation	5	....	5	1	....	1	....
Parturition and puerperium . . . . .	....	7	7	....	1*	1	2
Change of life . . . . .	....	3	3	....	1	1	....
Privation and overwork	4	1	5	....	....	....	1
Epilepsy	12	7	19	3	2	5	4
Diseases of skull and brain	1	....	1	....	....	....	....
Old age	10	18	28	3	....	3	6
All other bodily disorders and ill health	19	8	27	3	2	5	....
Hereditary	27	33	60	27	33	60	....
Unascertained	173	133	306	2	2	4	97
Not insane	7	2	9	....	....	....	....
Total	347	249	596	51	53	104	147

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	31	29	.....
General paralysis.....	49	.....	38
Epilepsy with insanity.....	19	3	2
Imbecility, idiocy with insanity	5	4	1
Other psychoses.....	489	107	101
Not insane*.....	3	.....	.....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 7

Showing the causes of death of patients who died during the current year and since October 1, 1900

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas.....				4		4
Septicemia and pyemia	2	1	3	11	12	23
Dysentery.....	1	4	5	23	30	53
Malarial affections.....					1	7
Tuberculosis.....	12	18	30	79	125	204
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus...					1	1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....					2	2
Diseases of the stomach.....				3	6	9
Diseases of the intestines.....	3	4	7	38	58	96
Diseases of the liver...				3	3	6
Diseases of the peritoneum.....				2	1	3
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi.....		1	1	22	16	38
Diseases of the lungs....	10	7	17	74	50	124
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	6	7
Diseases of the heart...	3	7	10	27	63	90
Arterio-sclerosis.....	4	2	6	23	26	49
Aneurism.....				1		1
Diseases of the blood and ductless glands:						
Diseases of the genito-urinary system.....	2	6	8	23	52	75

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of nerves.....					1	1
Diseases of the spinal cord.....				1		1
Diseases of the meninges.....		1	1	4	8	12
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	4	1	5	16	19	35
Epilepsy.....	2		2	17	13	30
Mental diseases:						
Exhaustion of acute mental disease....	5		5	25	37	62
Exhaustion of chronic mental disease....						
General paralysis of the insane.....	27	8	35	183	42	225
Accident.....	1		1	4	1	5
Suicide.....	1		1	1	1	2
Malignant new growths or cancer.....	2	3	5	10	17	27
Total.....	79	63	142	596	591	1,187

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1900

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	12	9	21	83	72	155
Maternal branch.....	7	7	14	66	99	165
Paternal and maternal branches.....	5	6	11	16	15	31
Collateral branches....	27	31	58	102	127	229
No hereditary tendency	200	145	345	882	877	1,759
Unascertained.....	96	51	147	478	442	290
Total.....	347	249	596	1,627	1,632	3,259

TABLE No. 9

Showing civil condition of patients admitted during the current year and and since October 1, 1900.

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Single.....	161	92	252	757	643	1,400
Married.....	129	97	226	665	716	1,381
Widowed.....	43	53	96	169	243	412
Divorced.....	.....	1	1	1	6	7
Unascertained.....	14	6	20	35	24	59
Total.....	347	249	596	1,627	1,632	3,259

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1900.

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Collegiate.....	4	2	6	34	13	47
Academic.....	11	17	28	28	43	71
Common school.....	177	158	335	974	1,005	1,979
Read and write.....	29 ⁷ / ₂	21	50	107	150	257
Read only.....	5 ¹ / ₂	3	8	30	43	73
No education.....	4	9	13	58	102	160
Unascertained.....	117	39	156	396	276	672
Total.....	347	249	596	1,627	1,632	3,259

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1900

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1900			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total	Total	Men	Women	Total	Total
Under one month.....	8	6	14	13	52	49	101	101
One to three months.....	6	11	17	20	65	68	133	159
Three to six months.....	7	5	12	12	49	41	90	104
Six to nine months.....	4	1	5	7	31	14	45	78
Nine months to one year.....	3	1	4	3	25	15	40	47
One year to eighteen months.....	6	3	9	20	17	14	31	105
Eighteen months to two years.....	.....	.....	.....	1	15	13	28	61
Two to three years.....	6	3	9	13	25	33	58	116
Three to four years.....	1	1	2	4	17	10	27	98
Four to six years.....	5	3	8	10	21	20	41	121
Six to ten years.....	3	3	6	11	11	18	29	82
Ten to twenty years.....	.....	3	3	1	2	29	31	57
Twenty years and over.....	2	.....	2	1	6	11	17	58
Unascertained.....	28	23	51	.....	260	256	516	.....
Total.....	79	63	142	142	596	591	1,187	1187
Average duration of insane life (years and tenths)....	3	3.4	3.2	3.2	.....	.....	.....	4.9

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				4		4
From 15 to 20 years...	18	13	31	93	91	184
From 20 to 25 years...	43	17	60	182	213	395
From 25 to 30 years...	44	27	71	199	197	396
From 30 to 35 years...	54	25	79	224	200	424
From 35 to 40 years...	48	37	85	229	253	482
From 40 to 50 years...	76	60	136	319	309	628
From 50 to 60 years...	30	38	68	196	187	383
From 60 to 70 years...	24	15	39	118	99	217
From 70 to 80 years...	9	14	23	57	68	125
From 80 to 90 years...	1	3	4	6	15	21
Total.....	347	249	596	1,627	1,632	3,259

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	6	6	12	35	41	76
From 20 to 30 years...	21	18	39	112	154	266
From 30 to 40 years...	19	21	40	123	129	253
From 40 to 50 years...	24	7	31	89	79	168
From 50 to 60 years...	9	3	12	46	38	84
From 60 to 70 years...	3	6	9	18	23	41
From 70 to 80 years...				6	4	10
Total.....	82	61	143	429	496	898

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years...	1	.....	1	5	4	9
From 20 to 25 years...	5	4	9	22	15	37
From 25 to 30 years...	2	3	5	26	28	54
From 30 to 35 years...	13	7	20	52	43	95
From 35 to 40 years...	8	6	14	77	69	146
From 40 to 50 years...	24	10	34	161	112	273
From 50 to 60 years...	12	13	25	94	97	191
From 60 to 70 years...	10	8	18	99	117	214
From 70 to 80 years...	3	10	13	50	84	134
From 80 to 90 years...	1	2	3	10	21	31
From 90 to 100 years...	.....	.....	.....	.....	1	1
Total.....	79	63	142	596	591	1,187

TABLE No. 15

Showing alleged duration of insanity **previous** to admission of patients
admitted during the year ending **September 30, 1906**

DURATION OF INSANITY	Men	Women	Total
Under one month.....	64	53	117
One to three months.....	36	41	77
Three to six months.....	26	20	46
Six to nine months.....	20	10	30
Nine months to one year.....	18	14	32
One year to eighteen months.....	12	12	24
Eighteen months to two years.....	18	13	31
Two to three years.....	18	11	29
Three to four years.....	9	5	14
Four to five years.....	4	5	9
Five to ten years.....	11	7	18
Ten to fifteen years.....	.....	4	4
Twenty to thirty years.....	1	.....	1
Not insane*.....	7	2	9
Unascertained.....	103	52	155
Total.....	347	249	596

*Includes cases of alcoholism, morphia habit, etc.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	40	26	66
One to three months	152	75	227
Three to six months	63	82	145
Six to nine months	25	25	50
Nine months to one year	8	6	14
One year to eighteen months	80	165	245
Eighteen months to two years	90	96	186
Two to three years	50	62	112
Three to four years	80	88	168
Four to five years	60	80	140
Five to ten years	285	460	745
Ten to fifteen years	150	147	297
Fifteen to twenty years	90	104	194
Twenty to thirty years	80	71	151
Thirty years and upwards	25	30	55
Total	1,278	1,517	2,795

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE NO. 17

Showing the occupation of those admitted during the current year and since October 1, 1900

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	5	2	7	73	7	80
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop men, stenogra- phers, typewriters, etc.	41	.....	41	268	6	274
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	11	.....	11	48	.....	48
Mechanics at out- door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	62	.....	62	244	.....	244
Mechanics, etc., at sedentary voca- tions:						
Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.	70	.....	70	249	3	252
Domestic service:						
Waiters, cooks, servants, etc.....	3	59	62	41	349	390
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	2	135	137	7	928	935
Commercial:						
Shopkeepers, sales- women, stenographers, typewriters, etc.....	.....	8	8	4	43	47

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		9	9	20	87	107
Miners, seamen, etc.....	6		6	57		57
Laborers.....	101		101	444		444
No occupation.....	30	26	56	122	189	311
Unascertained.....	16	10	26	50	20	70
Total.....	347	249	596	1,627	1,632	3,259

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1900

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Alsace-Lorraine.....					1	1
Austria.....	9	6	15	26	26	52
Australia.....					1	1
Armenia.....					1	1
Bavaria.....	1		1	2	1	3
Belgium.....	1		1	2		2
Bohemia.....					1	1
Born at sea.....				1		1
Canada.....	6		6	17	10	27
China.....				2		2
Cuba.....				1		1
Denmark.....	1	1	2	5	8	13
England.....	9	9	18	57	42	99
Finland.....					4	4
France.....	3		3	7	1	8
Germany.....	25	35	60	203	220	423
Greece.....				2		2
Holland.....	1		1	1		1
Hungary.....	2	2	4	12	7	19
Ireland.....	45	39	84	203	289	492
Italy.....	13	6	19	51	32	83
Japan.....	1		1	2		2
Lithuania.....					1	1
Mexico.....				1		1
Moravia.....					1	1
Newfoundland.....				1		1
Norway.....	5	1	6	18	17	35
Nova Scotia.....				1	3	4
Poland.....	3	1	4	17	6	23
Prussia.....					1	1
Porto Rico.....				1		1
Roumania.....	1		1	1	1	2
Russia.....	24	16	40	79	86	165
Scotland.....	2	3	5	14	15	29
Spain.....				2		2
Sweden.....	4	6	10	32	40	72
Switzerland.....	1	2	3	6	7	13
Syria.....		1	1		2	2
Turkey.....				1		1
United States.....	187	118	305	838	789	1 627

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Table No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Unknown.....				11	15	26
Venezuela.					1	1
Wales.....		1	1	1	1	2
West Indies.....	3	2	5	8	3	11
Total.....	347	249	596	1,627	1,632	3,259

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906.

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			528
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			22
New York.....			14
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....			5
Rensselaer.....			
Richmond.....			1
Rockland.....			

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			26
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....			596

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906.

COUNTIES	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1,006	1,026	2,032
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	26	28	54
New York.....	151	395	546
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	30	30	60
Rensselaër.....			
Richmond.....	20		20
Rockland.....			
St. Lawrence.....			

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	Men	Women	Total
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....	44	38	82
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Unascertained.....			
Total.....	1,278	1,517	2,795

SECOND ANNUAL REPORT
OF THE
MANHATTAN STATE HOSPITAL
TO THE
STATE COMMISSION IN LUNACY

FOR THE YEAR ENDING SEPTEMBER 30, 1906

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CHESTER WATERMAN, M. D. LAFAYETTE LAKE, M. D.

Assistant for Autopsies

GLANVILLE Y. RUSK, M. D.

Clinical Assistants

JOHN M. LAWLER, M. D. CHARLES A. FOSTER, M. D.

Purchasing Steward and Steward

F. A. WHEELER

Assistant Steward

LEWIS WEBB

Resident Steward

EDWARD F. LAWRENCE

Matron

ANNIE F. JESTLEY

REPORT

NEW YORK, N. Y., *October, 31, 1906*

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen — The board of managers of the Manhattan State Hospital have the honor to submit, as a part of their 2d annual report, for the year ending September 30, 1906, the report of the superintendent and treasurer covering that period of time.

The necessity for making the improvements suggested in the report of the superintendent has been fully considered by this board independently of you and jointly with you, as provided by statute. The board is of the opinion that it is absolutely necessary to obtain the appropriations required for making said improvements, if the standing which has been maintained up to this time, in the management of the hospital, is to be continued.

The board desires at this time to express its appreciation of the services rendered by Dr. Herman C. Evarts in the trying position which he filled as acting superintendent pending the appointment of a successor to the late Dr. Dent.

The board desires to avail itself of its first opportunity to express its appreciation of the appointment of Dr. William Mabon as superintendent of the Manhattan State Hospital. His brief service has convinced the Board that under his superintendency, no reasonable fault will be found in the management of the hospital.

Respectfully submitted,

WILLIAM A. KEENER, *President*
AMOS R. E. PINCHOT, *Secretary*
MRS. ELEONORA KINNICUTT
THOMAS M. MULRY
WHITMAN V. WHITE, M. D.
MRS. GRACE GILLETTE BIRD
HARRY LIPPMANN

Board of Managers

SUPERINTENDENT'S REPORT

NEW YORK, N. Y., *October 1, 1906*

HON. WILLIAM A. KEENER, *President of the Board of Managers,*
New York, N. Y.:

Dear Sir—In accordance with the provisions of the Insanity Law, I respectfully submit herewith the 2d annual report of the Manhattan State Hospital, Ward's Island, New York City, for the fiscal year ending September 30th, 1906. The usual statistical tables are incorporated herewith.

REORGANIZATION

The plans of reorganizing the hospital after the consolidation went into effect have been carried out in accordance with the ideas of the late superintendent, Dr. Emmet C. Dent, and the work of the hospital has been progressing smoothly.

It has been found necessary to reopen an office in the city and this has been done at No. 1 Madison avenue, the Metropolitan building, and is maintained by the Manhattan, Kings Park and Central Islip State Hospitals. It is available for visitors to obtain reduced rate certificates for the railroad tickets to Kings Park and Central Islip, to interview applicants for employment, for special business appointments, for meetings of the board of managers and for the use of the State Commission in Lunacy.

MOVEMENTS OF POPULATION

Following are statements showing movements of population:

	Men	Women	Total
Number of insane in care of hospital			
October 1, 1905	1,778	2,615	4,393
Admitted during ensuing year	396	848	1,244
	<hr/>	<hr/>	<hr/>
Total under treatment	2,174	3,463	5,637
	<hr/>	<hr/>	<hr/>

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

	Men	Women	Total
Number of patients discharged during the year	332	556	888
Number of patients died during the year	167	203	370
Total	499	759	1,258
Number of patients remaining September 30, 1906	1,675	2,704	4,379

ADMISSIONS

Of the 1,244 admissions, 1,203 were upon original commitments; and 41 were transferred from other institutions for the insane. Of the total number, 1,112 patients were admitted through the psychopathic ward of Bellevue Hospital, 17 were brought directly to the hospital from the city and 34 were from Staten Island (Richmond borough), and were brought directly to the hospital.

DISCHARGES

It may be noted from consideration of the statistical tables that 269 patients were discharged recovered, 77 much improved, 333 improved, 199 unimproved, and 10 not insane; 20 men and 11 women were found to be non-residents and were sent to their homes at the expense of the State. Eight men and four women non-residents were returned to their homes at the expense of their relatives. The federal authorities deported 36 men and 41 women who were insane aliens. Fourteen men and four women, also aliens, were deported at the expense of their friends, or at their own expense. Seven cases committed to the hospital were rejected as unsuitable for care and treatment in a State hospital for the insane.

During the past year, fewer recovered patients have been discharged to the Department of Public Charities, which has been the custom in the past, in those instances where the patient had no home, or friends to aid them. During the year, eight men and 10 women have been received by this department of the city and no cases were rejected by it.

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The State Charities Aid Association, through its Committee on the After Care of the Insane, has done excellent work in assisting men and women patients who have been discharged. Further reference to this philanthropy will be made later on.

RECOVERIES

On number admitted	21.62
On number admitted, excluding all transfers.	22.36
On daily average population	6.16
On whole number treated	4.77
On number discharged	30.29

IMPROVED

On number admitted	32.96
On number admitted, excluding all transfers.	34.08
On average daily population.	9.38
On whole number treated	7.27
On number discharged	46.17

DEATHS

The total number of deaths during the year was 370, representing 6.56 per cent of the whole number treated.

CASUALTIES

Patient Pietro Cresolia eloped from the hospital on September 27, 1905. A thorough search was made, but he was not found. October 2d, information was received from the Brooklyn morgue that the body of a man with marked hospital clothing had been found drowned at the foot of Amity street, Brooklyn. The body was identified as that of our missing patient.

Charles Schnell, a patient who, for a long time, worked in the shoe shop, eloped on the morning of November 12th when about to be taken to breakfast. On the morning of the 18th, his body was found on the shore near Hell Gate. This case was referred to the coroner.

November 16th, about 3:15 a. m., patient Madeline Bergerot escaped from the toilet window of Camp D, ran to the river and jumped in. She was rescued by Miss Connolly, night charge nurse in Camp D and Miss Roche, also in Camp D. Both nurses

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

went into the river without hesitation and deserve the highest commendation for saving this patient's life.

Patient James McDonald, on June 5th, attempted to escape by swimming the East river. His body was later found by the police and identified by one of the staff. This man did not commit suicide. He evidently expected to escape from the hospital, but was unable to cope with the extremely swift current between Ward's Island and the Long Island shore.

DIPHThERIA

On January 9th, attendant Ralph N. Wheeler became ill and a culture taken later showed the presence of Klebs-Loeffler bacilli in large numbers. Under antitoxin he made an uneventful recovery.

From this time until May 26th, we had four other cases, all of which recovered except the child of our electrical engineer.

TYPHOID FEVER

From the last day of July until the first day of October, 13 employees and six patients developed typhoid fever. The Widal test was made in each case by the Department of Health of New York city. Every effort has been made by careful sanitation and disinfection to prevent the spread of the disease, special attention being given to the destruction of flies in the rooms occupied by these patients. The source of infection has not been discovered, but there is a possibility that, as a result of the break in our water main earlier in the year, there may have been some contamination of this supply.

INSANE ALIENS

A large number of insane aliens were admitted to the hospital. In some instances, the psychosis developed previous to the patient's landing in this country, while in a great many other cases, it became manifest within a few months of the patient's admission to the country and was due to causes existing prior to landing.

The activity of the board of alienists, created by legislative enactment, is apparent by the number of deportations they have been able to secure. The patient is nominally placed under arrest by a representative of the immigration department, after he has been certified by the board of alienists. Formerly, the superintendent made certification as to the insanity and to the fact of

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the alien becoming a public charge. Now this is done by the board of alienists.

In a few instances, after a patient has been certified and placed under arrest, the friends have taken active legal steps to prevent deportation, and at this date there is a woman patient in the hospital in whose case a writ of habeas corpus was obtained against the federal authorities and the patient was returned to the hospital after the representative of the United States government had placed her on board the ship. The case is still pending. The former complaints about this class of patients not reaching their homes after deportation do not prevail this year, as only three or four instances have come to our attention.

It usually requires two weeks' detention at the hospital until the patient is placed on board the steamer for his return. Whenever a patient is too ill physically or mentally to undertake the trip, the authorities abide by our judgment and do not deport the cases until we notify them. At this time there are two cases thus detained.

PAROLES

The custom of paroling patients for 30 days before discharge has been very materially extended and in only a few instances have patients been obliged to return during the parole period, and in these cases it has been possible to return the patient without the necessity of a formal commitment.

Formerly it was found when patients were discharged without a parole at the urgent request of friends, that the convalescence was not fully established and a return to the old environment brought about a renewal of the symptoms of their insanity, and frequently they would not be brought back to the hospital until the symptoms had become very pronounced. By the method now in use, this is largely done away with, as the relatives are informed that the patient will be cared for again at the hospital, within the parole period, without a formal recommitment, and, as a rule, they are always glad to take advantage of this opportunity.

RECREATION AND EMPLOYMENT

Particular attention has been given, as heretofore, to the employment of patients. All who are able to be employed are encouraged in this direction. The average percentage of those engaged in some useful work or occupation is 78.9. The industrial department, which had been enlarged and developed last

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year, has continued in its usefulness and is a prominent feature in the work of the hospital.

Equally important with the employment bureau is that of amusement and recreation. The hospital band has been kept well occupied by giving concerts out of doors in summer on various lawns of the hospital, and in winter and during inclement weather, in different wards, so that the advantages given by the music may be enjoyed by the greatest number of patients, many of whom are unable to attend at the amusement hall.

Out door employment for both men and women patients is given whenever possible. Considerable latitude is given the employes in the way of amusement by allowing them to have weekly dances during the greater portion of the year. These dances are held in the amusement hall. They also have the privilege of bowling once a week.

The field day sports were on Decoration day and September 15th. As is always the case, those games were very much enjoyed by the patients.

The following is a copy of the program of the sports held on September 15, 1906:

MORNING PROGRAM

Baseball, attendants vs. patients.—Prizes, table, neckties.

AFTERNOON PROGRAM

100 yards dash, patients.—First prize, jardiniere, necktie; second prize, picture, necktie.

Crab race, patients.—First prize, taboret, necktie; second prize, picture, necktie.

Tug of war, patients.—Prizes, table; pair of suspenders to each member of winning team.

Basket ball, nurses.—Prizes, fancy table; box of candy to each member of winning team.

100 yards hurdle race, employes.—First prize, picture, match safe; second prize, jardiniere, necktie.

Egg race, 75 yards, women patients.—First prize, jardiniere, candy; second prize, table cover, candy.

Sack race, 100 yards, patients.—First prize, picture, necktie; second prize, table cover, pair of suspenders.

Potato race, women patients.—First prize, picture, candy; second prize, piano drape, bottle of perfume.

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Wheelbarrow race, 100 yards, patients.—First prize, picture, necktie; second prize, table, necktie.

Nail driving contest, women employees.—First prize, table, box of candy; second prize, picture, box of candy.

Three-legged race, 100 yards, patients.—First prize, picture, necktie; second prize, table cover, box of candy.

Bedmaking contest, women employees.—First prize, music rack, box of candy; second prize, jardiniere, box of candy.

Obstacle race, patients.—First prize, box of candy; second prize, jardiniere, box of candy.

75-yards dash, women patients.—First prize, vase, fancy tie; second prize, table cover, fancy tie.

Music by the hospital orchestra under the direction of George Kazamek:

1. March — "With Iron Hand," - - - - Kretschmer
 2. Selection — From Comic Opera "Mlle Modiste," - Herbert
 3. Overture — "Poet and Peasant," - - - - Suppe
 4. Caprice — "Dance of the Nile Maidens," - - - - Losey
 5. Grand Selection — "Reminiscences of Scotland," - Godfrey
 6. Waltz — "Youthful Spirits," - - - - Konizak
 7. Hungarian Intermezzo — "The Gypsy Prince," - - Tobani
 8. Overture — "Le Caid," - - - - Thomas
 9. Gems from the "Daughter of the Regiment," - Donizetti
 10. March — "American Republic," - - - - Thiele
- "Auld Lang Syne."

Refreshments: Cake — Lemonade.

During the summer, as for the past few years, the steamer Wanderer has been making three excursion trips each week. Only one accident has occurred during all these years, and that was on September 12th, when a woman patient jumped overboard as the steamer was approaching the island to return to her dock. This patient had been in the hospital several years and had never shown any suicidal tendencies. She was a strong, powerful woman and the nurse who caught her was unable to hold her. She evidently did not commit this indiscretion from motives of self-destruction. She easily kept afloat, and while the hospital boat was ready to pick her up, she was reached first by a passing tug, taken from the water and returned to the steamer, none the worse for her experience. This patient had been on excursions before, worked in the sewing room of the industrial department regularly and no thought was entertained of her having any desire to commit suicide.

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OVERCROWDING

During the past year a large number of patients have been sent to Central Islip State Hospital from Bellevue, and at this date, Central Islip is receiving the men patients who are committed from Bellevue, although the women patients are still received here. Notwithstanding this relief, which has been more permanent in the men's division, the hospital is still very much overcrowded, especially the women's department.

October 7, 1905, 50 women patients were transferred to the Long Island State Hospital, Flatbush, Brooklyn, and on the 10th of the same month, 50 women were transferred to the Binghamton State Hospital. Fifty women patients were also sent to the latter institution February 28, 1906.

These patients usually consist of the quiet, demented class, the majority of whom are capable of assisting in the hospital work. As a result, the proportion of violent, disturbed chronic cases in this hospital is probably greater than in any other hospital of the State. The hospital is urgently in need of relief in this direction.

AFTER CARE OF THE INSANE

Probably one of the most important undertakings for the year in the State hospitals was the inauguration of the after care of the insane, which was due almost entirely to the efforts of Miss Louisa Lee Schuyler, who has for years been the constant friend of this class of State wards. This subject was first considered at the November conference of the State Commission in Lunacy with the managers and superintendents of State hospitals, and was consummated at the January conference, at both of which representatives of the State Charities Aid Association were present.

The standing committee on the care of the insane, of the State Charities Aid Association appointed a sub-committee on the after care of the insane and this committee is organizing district after care committees for the different State hospitals. Already those at the Manhattan, Willard and Hudson River State hospitals are appointed and in active operation.

At the New York office an agent is employed to assist the members of the local committee for visiting most of the patients discharged recovered, or about to be discharged, and in furnishing the assistance required according to the needs of individual cases.

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This local committee is an intermediary between the patients and the existing agencies for the assistance of the poor and is meeting with a large measure of success in its new undertaking. Many patients discharged recovered from institutions for the insane need a few weeks rest before returning to work, assistance in securing suitable employment, or in getting into helpful relations with the community in which they are to live, and while the need for this systematized effort in behalf of this class has long been recognized, it was only consummated during the present year.

The report of the Committee on the Insane of the State Charities Aid Association is by law printed in the annual report of the State Commission in Lunacy to the Legislature, and it undoubtedly will include this year the reports of the sub-committee on the after care of the insane.

We desire at this time to acknowledge the very valuable service rendered to this institution by this committee, and we might add that, from reports received, we are able to learn the feeling former patients entertain toward the hospital. The agent of the committee reports that this feeling is almost invariably favorable and that discharged patients show a great deal of gratitude for the care bestowed upon them while in the institution.

CAMP LIFE FOR THE ACUTE INSANE

During the summer months, in the women's division, tents are erected and acute cases are treated therein. The frame camps or pavilions have of course become a permanent feature of the hospital and are used continuously. There is no doubt as to the advantages of these camps and convalescents often refer to their life in them as having been very agreeable. The new tent, known as Camp E referred to in the report for last year, has this year been used as an isolation tent for diphtheria.

It is proposed to build in place of the two tents, A and B, permanent structures somewhat similar to the frame pavilions and these will give a permanent increase in the capacity of the hospital.

The advantages of this system of caring for the debilitated acute cases is apparent and to further this system, a large permanent pavilion will be erected, somewhat similar to the frame camps already in use, although it will be built in the form of a letter T. These new pavilions, or frame camps as they may be called, will be heated and well lighted, thus increasing the comfort of those who occupy them.

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TRAINING SCHOOL FOR NURSES

The sessions of the training school for nurses for 1906-1907 opened with two men and 23 women in the senior class and 23 men and 51 women in the junior class.

The demand for our graduates to take up private nursing is increasing and at times during the past year it has been difficult to accede to many requests. Whenever it has been possible, this matter of private nursing outside has been encouraged and the nurse is usually given leave of absence from the hospital.

The course for the coming year has been carefully laid out and elaborated. As in all the State hospital training schools, the course covers a period of two years. Lectures are given and recitations held. The practical clinical work in the various departments of the hospital has been systematized and increased. Among the changes for the broadening out of the school work is the assignment of women members of the senior class to do work on the men's wards, including the reception and hospital wards. The members are also detailed for special work in the treatment of patients by the continuous bath.

I submit herewith a schedule of the ward work for the members of the training school:

WOMEN

Seniors	Ward 24	Three months
	Ward 21	Three months
	Ward 12	Two months
	Ward 28	One month
	Men's division	Two months
	Prolonged baths	One month
		<hr/>
		One year
Juniors	Night duty, under a nurse	Two months
	Night duty in charge	One month

So far as there is opportunity, juniors are to have the same time as assigned above to seniors in wards 21, 12 and 28.

MEN

Seniors	Ward 59	Five months.
	Ward 56	Three months.
	Ward 37	One month.
	Camp K	Two months.
	Prolonged baths	One month.
		<hr/>
		One year.

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Juniors Night duty under another, Two months.

Night duty in charge, One month.

So far as there is opportunity, juniors are to have the same time as assigned above to seniors in ward 56 and camp K.

We see no reason to effect any reduction in the treatment of the acutely disturbed by hydrotherapy in its various forms, especially the use of the prolonged bath. We have obtained excellent results in the use of this and consider it a permanent adjunct in our methods of caring for the acute insane, and even the chronic cases who have active periods of excitement.

Miss Jestley, the matron, has been assigned to the charge of the training school for the coming year and has been relieved of some of the details of her department by the appointment of a special attendant who acts as her assistant. I am very much indebted to the matron for very efficient work under the most trying conditions, her work having been largely augmented by reason of the consolidation of the east and west hospitals.

STAFF MEETINGS.

Under the superintendency of Dr. Emmet C. Dent, staff meetings were organized to be held at 8:30 o'clock three mornings of the week in each department. Thus, by this arrangement, a meeting was held every week day. These meetings are held, for the women's department, Monday, Wednesday and Friday mornings at 8:30 o'clock, and for the men's department, Tuesday, Thursday and Saturday mornings at the same hour.

The Monday morning staff meeting at the women's division is held for the consideration of cases for discharge or parole, and if the time is not all taken up, new admissions are brought in and provisional diagnoses made. At the Wednesday morning staff meetings, new cases are considered, the provisional diagnoses given and an outline of treatment suggested. On Friday mornings, cases that have been in the hospital for two or three months are summarized as to their histories by the physician in charge of the patient. At these meetings, the final diagnosis is decided upon. Owing to the large number of admissions, the work has so increased that at times it is necessary to call extra meetings.

The staff find these meetings of great interest and the energy necessary to carry on this work successfully does not seem to abate in the least. Each meeting continues for about an hour and a half, occasionally somewhat longer. This is substantially the cus-

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tom at the men's division on dates alternate to those of the women's division.

An occasional meeting of the entire staff is called by the superintendent, at which matters of general interest are discussed and new work laid out, and suggestions are offered in regard to a more thorough investigation of the etiology of individual cases.

GENITO-URINARY DISEASES

Dr. Ferd. C. Valentine, consultant on genito-urinary diseases, has made a number of visits to the institution and his services have been of marked value to the patients he has seen.

Any systematic study along these lines has been impossible owing to the very active admission service and the limited number of physicians and attendants to carry out the details of technique. It is hoped, however, that when the Central Islip State Hospital shall receive our patients every other week, we will have more time for the staff to assist Dr. Valentine in this special line of investigation.

GASTRO-INTESTINAL DISEASES

During the past year numerous visits to this division of the service have been made by Dr. Robert Coleman Kemp, consulting physician, and Dr. Theodorus Bailey, assistant visiting physician. Tuesday and Thursday of each week, at 2 p. m., are the visiting days, and additional visits are made in emergency cases. Clinics are held every Tuesday at 2:30 p. m. by Drs. Kemp and Bailey and these have been largely attended. Dr. Achilles Rose of the Post-Graduate School has co-operated with Dr. Kemp in his demonstrations.

Special treatment has been given to all gastro-intestinal cases in the institution, such as colitis, gastritis, ulcer of the stomach, etc. In the epileptics under observation, the conditions of the gastro-intestinal tract have been determined and diet and medication suited to each case have been carried on. There has been considerable improvement in many of these patients.

Test meals are given in all cases and qualitative and quantitative analyses of the stomach contents were made. Transillumination of the stomach (gastro-diaphany) has been performed about one hundred times.

During the past year, clinical lectures for the benefit of the resident staff, the nurses and outside practicing physicians have

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been given on the following subjects: Physiology of digestion; methods of locating the position of the stomach and intestines; the splashing sound; acute gastritis; chronic gastritis; hypersthenic gastritis; acute and chronic dilatation of the stomach; cancer of the stomach; ulcer of the stomach; hyperchlorhydria; enteritis; colitis; mucous colic; gastropstosis; dysentery; treatment of typhoid fever; Brand and Nauheim bath in typhoid; diet; lavage; the enema; enteroeclysis; hypodermoclysis; Rose's belt and its indications; vibratory massage; electrotherapeutics in gastro-intestinal diseases, etc.

At one of the clinics, 16 nurses in charge of various wards, in person performed lavage under supervision of the lecturer.

Dr. E. E. Smith, a well-known pathologist, has taken up special work in examination of the stools in this department.

It is the aim to secure for all our patients special treatment for their gastro-intestinal complaints, and also to study the relations of auto-infection from the gastro-intestinal tract to nervous and mental diseases.

An article entitled "Some remarks on the relations of the gastro-intestinal tract to nervous and mental diseases," embodying research work at this institution, was read before the Medical Association of the Greater City of New York, June 11, 1906, and reported in the *Boston Medical and Surgical Journal* in August, 1906.

A chart has been devised to be appended to the history of each patient. It is as follows:

MANHATTAN STATE HOSPITAL, WARD'S ISLAND

Name:

Age:

Ward:

Date:

Mental Disease, Diagnosis.....

GASTRO-INTESTINAL CHART

DIAGNOSIS

Stomach

Percussion	Normal position
	Atony
Splashing sound	Dilatation
Palpation	
Nephroptosis	Gastropstosis
Vomiting	

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Ewald's test breakfast		Residuuum Aspirated c. c.		
Reaction		Total acidity		Free HCL
Uffelmann's test	Pepsin	Rennet	Starch	Digestion
Mucus		Blood	Hyperacid normal	
Anacid	Hypoacid	Achylia	Gastritis	Fermentation
<i>Liver</i>		<i>Spleen</i>		<i>Kidneys</i>
<i>Intestines</i>				
Percussion		Palpation		
<i>Movements</i>				
Normal	Irregular	Constipation		Diarrhœa
Mucus		Blood	Odor	
<i>Enteroptosis</i>				
Treatment		Results		

RESEARCHES IN EPILEPSY

During the past year researches into the etiology of epilepsy which were instituted by Dr. William H. Thomson, with the co-operation of other members of the consulting board, have been continued, and the results have been eminently satisfactory.

GYNECOLOGY

The following is a tabulated statement of the operations performed by Dr. LeRoy Broun, consulting gynecologist, in this department during the past year. Doctor Broun was assisted by Dr. R. M. Rawls and by Drs. J. L. Washburn and Anna E. Hutchinson of my staff. Seventy-one operations were performed and these added to the total for the past three and one-half years, previous to the present year, give a grand total of 383 operations which have been performed on this service.

Of those operated upon this year one patient died eight months after operation from pulmonary tuberculosis. After operation nine patients have responded rapidly to the regular treatment for their mental condition, or practically one out of eight. It is a striking fact that the psychoses of eight of the nine benefited were of the depressive type of insanity.

As in previous years no operation has been undertaken except for the relief of physical suffering, and the psychical condition has never been regarded except in so far as it might preclude any operative measures. Nevertheless, the subsequent progress of the mental improvement has been closely observed to determine, if possible, to what extent the improved physical condition has influenced the mental improvement or recovery.

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MAJOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
9-22-03	10727, M. B...	47	Married...	Fair.....	Morphinism and cocaineism.	3 months....	Multiple uterine fibroids...
10-27-05	33874, A. R...	40	Single.....	Fair.....	Unclassified.....	5 weeks.....	Multiple uterine fibroids...
12-21-05	34049, L. S...	53	Married...	Fair.....	Dementia praecox, paranoid form.	1 yr., 5 wks.	Solid tumor of left ovary, multiple fibroids.
12-9-05	33994, M. G...	40	Married...	Poor.....	Alcoholic psychosis.	2 months....	Umbilical hernia.....
11-9-05	33905, E. K...	39	Married...	Fair.....	Depressive hallucinosis	10 days.....	Adherent retroversion....
12-6-05	33972, E. G...	37	Single.....	Fair.....	Infective exhaustive psychosis.	2 months....	Multiple fibroids.....
12-30-05	34088, M. S...	40	Married...	Fair.....	Depressive hallucinosis	1 month.....	Adherent retroversion....
1-23-06	34223, M. W...	47	Single.....	Poor.....	Depressive hallucinosis		Multiple fibroids.....
7-26-05	33594, M. M...	37	Single.....	Poor.....	Dementia praecox.	6 years.....	Prolapsed kidney movable retroversion.
1-13-05	34171, M. D...	50	Single.....	Poor.....	Involution melancholia	3 yrs., 8 mos.	Hernia following appendectomy, gall stones.
10-26-97	52-13, L. H...	37	Married...	Poor, profuse menstruat'n.	Dementia secondary.	1?.....	Hydrosalpinx (left) chronic appendicitis, adherent retroversion.
2-7-06	34308, H. W...	22	Married...	Good.....	Dementia praecox.	1 yr., 9 mos.	Multiple uterine fibroids, double hydrosalpinx.
10-28-05	33877, S. L...	28	Single.....	Fair.....	Allied to dementia praecox.	9 or 10 mos.	Chronic appendicitis, adherent retroversion.
5-3-06	34590, E. S...	34	Married...	Poor.....	Depression not sufficiently differentiated	18 months.	Floating kidney.....
2-26-06	34375, A. C...	30	Married...	Fair.....	Alcoholic psychosis.		Double ovarian cysts, chronic appendicitis.
9-14-03	10709, L. P...	33	Married...	Fair.....	Dementia praecox.	4 months...	Ovarian cyst.....
6-8-06	34725, C. C...	42	Married...	Fair.....	Depressive hallucinosis	14 months.	Adherent retroversion, gastroptosis, chronic appendicitis.
11-11-96	48-343, J. J...	41	Married...	Poor.....	Melancholia, chronic.	1 year.....	Par ovarian cyst, chronic appendicitis.
7-7-06	34844, M. D...	28	Single.....	Poor.....	Paranoic condition.	5 years.....	Multiple fibroids.....

MANHATTAN STATE HOSPITAL — ANNUAL REPORT OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Remaining in hospital	Remarks
11-23-05	Supravaginal hysterectomy and left salpingo-oophorectomy.	Good.....	Much improved.	None.....			10-1-06	Thrombosis of arm left.
12-7-05	Supravaginal Hyster salpingo-oophrectomy.	Good.....	Much improved.	None.....			10-1-06	
1-11-06	Supravaginal hysterectomy and left salpingo-oophrectomy.	Good.....	Some improvement.	None.....			10-1-06	
1-11-06	Herniotomy.....	Good.....	Much.....	Slight.....	5-29-06	Rec'd.		
1-25-06	Coeliotomy, shortening of round ligaments.	Good.....	Some.....	Slight.....	7-16-06	Rec'd.		Diastolic and systolic murmur in fourth interspace to left of sternum.
2-1-06	Supravaginal hysterosalpingectomy.	Good.....	Some.....	Considerable	5-7-06	Much imp'd.		Childbirth occurred 2 mos. before admission. Temperature and curettage then.
2-15-06	Coeliotomy, shortening of round ligaments.	Good.....	Some.....	Considerable	7-19-06	Rec'd.		
3-1-06	Supravaginal Hyster salpingo-oophrectomy.	Good.....	Some.....	?	7-15-06	Much imp'd.		
3-8-06	Appendectomy, Alexander's operation, nephrorrhaphy.	Good.....	Some.....	None.....			10-1-06	
3-15-06	Herniotomy and cholecystotomy.	Good.....	Some.....	Less apprehension and restlessness.			10-1-06	
3-22-06	Appendectomy, shortening of round ligaments and left salpingectomy.	Good.....	Some.....	Slight.....			10-1-06	
4-26-06	Supravaginal hysterosalpingectomy.	Good.....	Some.....	None.....			10-1-06	
5-3-06	Coeliotomy, shortening round ligaments and appendectomy.	Good.....	Some.....	Some.....			10-1-06	Longitudinal skin incision.
5-31-06	Nephrorrhaphy.....	Good.....	Marked.....	Questionable.			10-1-06	Kidney at brim of pelvis.
5-31-06	Coeliotomy, partial oophrectomy and appendectomy.	Good.....	Some.....	None.....	7-14-06	Rec'd.		Thrombosis of left leg. Patient was mentally recovered before operation but desired it performed.
6-7-06	Coeliotomy and excision of ovarian cyst.	Good.....	Some.....	None.....			10-1-06	Operation 1-14-04 by Dr. Brown for multiple fibroids and diseased adnexa.
6-23-06	Coeliotomy, shortening of round ligaments, appendectomy and gastro-plication.	Good.....	Some.....	Considerable	9-1-06	Rec'd.		Stomach's lower border to umbilicus. Received hypochondriacal symptoms.
7-19-06	Coeliotomy, excision of cyst, right oophorectomy, appendectomy.	Good.....	Much.....	None.....			10-1-06	5,000 to 6,000 cc. fluid in cyst.
8-29-06	Supravaginal hysterosalpingo-oophorectomy.	Good.....	Slight.....	None.....			10-1-06	Larger fibroid weighed 210 gm.

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MINOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
5-18-05	12206, L. F. . .	30	Married . . .	Poor	Infective exhaustive psychosis.	6 weeks	Lacerated perineum with rectocele.
8-26-05	33728, H. R. . .	34	Married . . .	Good	Alcoholic psychosis . . .	2 years	Lacerated cervix and perineum.
7-6-05	33482, A. L. . .	36	Widow	Good	Paranoic condition	3 months	Lacerated perineum and endometritis.
1-29-04	11162, L. D. . .	34	Single	Good	Dementia praecox	1 month	Lacerations
10-7-05	H. B.	38	Married . . .	Fair	Depression not sufficiently differentiated	6 months	Complete perineal laceration; lacerated cervix.
7-18-02	18930, K. K. . .	44	Married . . .	Fair	Dementia terminal	9 years	Carcinoma of cervix
7-18-02	18920, M. M. . .	47	Married . . .	Fair	Melancholia chronic . . .	4½ years	Hemorrhoids
11-9-05	33903, S. G. . .	43	Married . . .	Good	Alcoholic psychosis	6 weeks	Lacerated cervix and perineum.
11-6-05	33898, M. M. . .	40	Married . . .	Good	Alcoholic psychosis	?	Lacerated cervix and perineum.
11-3-05	33893, M. M. . .	34	Single	Fair	Paranoic condition	3 weeks	Lacerated cervix
11-7-01	18218, M. M. . .	46	Widow	Fair	Melancholia chronic . . .	2 years	Lacerated cervix and perineum.
12-5-05	33969, H. J. . .	51	Married . . .	Good	Allied manic depressive insanity.	2 months	Lacerated perineum
12-30-05	34085, G. I. . .	55	Widow	Good	Dementia praecox	5 days	Lacerated perineum
12-28-05	34076, F. P. . .	27	Married . . .	Good	Exhaustion psychosis . . .	1 week	Lacerated cervix
1-6-06	34118, A. K. . .	30	Married . . .	Good	Depression not sufficiently differentiated	4 months	Lacerated cervix and perineum.
1-31-06	34257, C. G. . .	33	Married . . .	Good	Manic depressive insanity.	3 months	Lacerated cervix and perineum.
2-7-06	34306, E. S. . .	40	Married . . .	Poor	Depression not sufficiently differentiated	4 months	Lacerated cervix and perineum; endometritis.
12-2-05	33959, M. C. . .	53	Married . . .	Poor	Anxiety psychosis of involution type.	Several mos. . . .	Lacerated cervix and perineum.
3-10-06	34418, L. S. . .	33	Married . . .	Fair	Allied to depressive insanity.	1 year	Lacerated perineum and endometritis.
2-9-06	34329, A. S. . .	36	Married . . .	Fair	Recurrent hallucinosis with depression.	4 weeks	Lacerated cervix and perineum.
3-2-06	34389, B. S. . .	27	Married . . .	Good	Dementia praecox	1 yr. or more . .	Lacerated cervix and perineum.
3-10-06	34414, M. F. . .	32	Married . . .	Fair	Alcoholic psychosis	4 months	Lacerated cervix and perineum; endometritis.
5-3-06	34586, J. P. . .	28	Single	Fair	Sue-acute alcoholic psychosis.	6 weeks	Endometritis
4-23-06	34539, N. D. . .	50	Married . . .	Fair	Manic depressive insanity.	4 months	Lacerated cervix and perineum.

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OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Re-maining in hospital	Remarks
10-12-05	Perineorrhaphy.	Good.	None.	None.	12-22-05	Rec'y'd		
10-12-05	Excision of cervix perineorrhaphy.	Good.	Some.	None.	9-6-06	Rec'y'd		
10-25-05	Divulsion and curettage perineorrhaphy.	Good.	Some.	Doubtful.	4-30-06	Imp'd.		
10-26-05	Divulsion and curettage, excision of cervix perineorrhaphy.	Good.	Some.	None.			10-1-06	
11-9-05	Repair of complete perineal laceration, excision of cervix.	Good.	Marked.	Improvem't directly related to operation.	2-8-06	Rec'y'd.		
11-23-05	Amputation of cervix.	Good.	None.	None.			10-1-06	Previous operation 9-28-05 for curettage and removal of section of cervix for microscopical examination.
12-5-05	Hemorrhoidectomy.	Successful.	None.	None.			10-1-06	
12-14-05	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Marked.	Doubtful.		Much imp'd.	10-1-06	
12-14-05	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Some.	Doubtful.	5-8-06	Rec'y'd.		
1-15-06	Divulsion and curettage, excision of cervix.	Good.	Some.	None.		No ch'ge	10-1-06	
1-22-06	Excision of cervix, perineorrhaphy.	Good.	Slight.	None.		No ch'ge	10-1-06	
1-29-06	Divulsion and curettage, perineorrhaphy.	Good.	Slight.	None.		No ch'ge	10-1-06	
2-15-06	Perineorrhaphy.	Good.	None.	None.		No ch'ge	10-1-06	
3-3-06	Divulsion and curettage, excision of cervix.	Good.	Marked.	Doubtful.	5-31-06	Rec'y'd.		
3-3-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Much.	Improvem't followed operation.	7-29-06	Much.		Three or 5 years ago had operation at St. Luke's Hospital, probably on right kidney.
3-15-06	Excision of cervix, perineorrhaphy.	Good.	None.	None.		Rec'y'd.	10-1-06	
3-22-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Much improved.	Psychic effect marked and convalescence immediately following operation.	4-21-06	Rec'y'd.		
3-29-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Marked.	None.		Much imp'd.	10-1-06	
3-29-06	Divulsion and curettage, perineorrhaphy.	Good.	None.	None.			10-1-06	
5-3-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	Some.	Doubtful.	8-2-06	Rec'y'd.		
5-31-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	None.	None.			10-1-06	
6-7-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	None.	None.		Slightly imp'd.	10-1-06	
6-14-06	Divulsion and curettage.	Good.	None.	None.			10-1-06	
6-14-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.	None.	None.		No change	10-1-06	

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MINOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
11-15-05	33915, M. S. . .	47	Married . . .	Poor	Involution melancholia	2 months . . .	Lacerated cervix and perineum.
5-3-06	34577, G. C. . .	24	Single	Fair	Constitutional inferiority.	7 years	Lacerated cervix and perineum; endometritis.
6-2-06	34698, D. M. . .	40	Married . . .	Fair	Dementia praecox	6 months . . .	Lacerated cervix and perineum.
5-17-06	34629, B. G. . .	45	Married . . .	Poor	Involution melancholia	3 months . . .	Stricture of rectum
4-5-06	E. W.	30	Married . . .	Poor	Dementia praecox	1 month	Anteflexion and stenosis of cervical canal.

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OPERATIONS — (Concluded)

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Re-maining in hospital	Remarks
6-21-06	Excision of cervix, perineorrhaphy.	Good.....	None.....	None.....		No change.	10-1-06	
6-28-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.....	Marked....	Doubtful....		Much imp'd.	10-6-06	Cervical tissue examined by Dr. Rusk. No malignancy.
6-28-06	Divulsion and curettage, excision of cervix, perineorrhaphy.	Good.....	None.....	None.....		Slight imp't.	10-1-06	
7-24-06	Multiple incisions of rectum.	Good.....	Marked improvement.	Doubtful....		Quieter, with less apprehension.	10-1-06	
5-10-06	Divulsion and curettage, Dudley's operation.	Good.....	Slight.....	None.....			10-1-06	

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OPERATIONS FOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic condition
7-6-05	33484, E. R....	42	Married...	Poor.....	Involution melancholia	1 yr., 4 mos..	Movable retroversion.
11-21-04	11807, J. C....	28	Married...	Good.....	Manic depressive insanity depressed type.	1 month.....	Movable retroversion; lacerated cervix and perineum.
5-25-05	12231, A. K....	31	Married...	Poor.....	Dementia praecox....	4 years.....	Movable retroversion; lacerated cervix and perineum.
9-23-05	33779, C. S....	20	Single.....	Good.....	Dementia praecox....	6 months....	Movable retroversion.
5-5-05	12171, P. D....	33	Married...	Good.....	Dementia praecox....	1 month.....	Movable retroversion; lacerated cervix and perineum.
4-5-05	12106, R. S....	23	Single.....	Good.....	Dementia praecox....	1 yr., 2 mos.	Movable retroversion.
7-13-05	33530, M. C....	34	Married...	Fair.....	Alcoholic psychosis..	2 months....	Movable retroversion; lacerated cervix and perineum.
5-12-05	12192, M. M....	31	Single.....	Fair.....	Dementia praecox....	3 months....	Movable retroversion.
5-15-05	12199, K. W....	26	Married...	Poor.....	Dementia praecox....	3 weeks.....	Lacerated perineum. Movable retroversion.
6-28-05	33449, M. S....	30	Single.....	Fair.....	Allied to dementia praecox.....		Movable retroversion dysmenorrhea.
12-16-05	34031, C. H....	35	Widow....	Good.....	Allied to dementia praecox.....	1 year.....	Movable retroversion; lacerated cervix and perineum.
12-29-05	34080, L. Z....	35	Married...	Poor.....	Alcoholic psychosis..	1½ years....	Movable retroversion; lacerated cervix and perineum.
1-15-06	34173, M. H....	30	Widow....	Fair.....	Depression not sufficiently differentiated.....	1 month.....	Movable retroversion; lacerated cervix and perineum.
1-5-06	34107, A. L....	36	Divorced..	Fair.....	Dementia praecox....	?	Lacerated perineum. Movable retroversion.
2-7-06	34303, S. M....	29	Single....	Poor.....	Dementia praecox....	5 years.....	Movable retroversion.
1-18-05	33928, S. K....	27	Single....	Good.....	Constitutional inferiority with maniacal attacks.	Years.....	Movable retroversion.
1-25-06	34231, L. S....	26	Married...	Good.....	Depressive hallucinosis	2 weeks.....	Movable retroversion.
10-12-05	33821, B. F....	39	Widow....	Good.....	Alcoholic psychosis..	3 weeks.....	Lacerated perineum. Movable retroversion.
11-1-05	33886, A. M....	25	Single....	Poor.....	Allied dementia praecox.	10 weeks....	Movable retroversion.
5-15-06	34623, S. N....	30	Married...	Poor.....	Manic depressive psychosis.....	6 months....	Movable retroversion; lacerated cervix and perineum.
5-30-06	S. F.....	32	Married...	Poor.....	Depression not sufficiently differentiated.	2 months....	Hemorrhoids, movable retroversion.
4-18-06	34506, C. W....	21	Single....	Good.....	Dementia praecox....	?	Movable retroversion.
6-15-06	34748, L. K....	44	Single....	Fair.....	Involution melancholia	3 months....	Retroposited uterus.

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DISPLACED UTERI

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result, mental	Remaining in hospital	Remarks
10-12-05	Alexander's operation.	Good.....	None.....	None.....			10-1-06	
11-2-05	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	None.....	None.....			10-1-06	Sonniform used very successfully.
11-18-05	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	None.....	None.....			10-1-06	
12-7-05	Divulsion and curettage, Alexander's operation.	Good.....	None.....	None.....			10-1-06	
12-9-05	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	Some.....	None.....			10-1-06	
12-14-05	Divulsion and curettage, Alexander's operation.	Good.....	Some.....	None.....			10-1-06	
1-4-06	Excision of cervix, perineorrhaphy, divulsion and curettage, Alexander's operation.	Good.....	None.....	None.....			10-1-06	
1-4-06	Divulsion and curettage, Alexander's operation.	Good.....	None.....	None.....			10-1-06	
1-15-06	Perineorrhaphy, divulsion and curettage, Alexander's operation.	Good.....	None.....	None.....				Died 8-29-06, chronic pulmonary tuberculosis.
1-22-06	Divulsion and curettage, Alexander's operation.	Successful...	None.....	None.....			10-1-06	
1-25-06	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	None.....	None.....			10-1-06	
1-29-06	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	Slight.....	None.....			10-1-06	
3-8-06	Excision of cervix, perineorrhaphy, Alexander's operation.	Good.....	Greatly....	Improvem't dated from operation.	5-21-06	Rec'v'd.		
4-12-06	Curettage, perineorrhaphy, Alexander's operation.	Some.....	Some.....	None.....			10-1-06	
4-13-06	Alexander's operation.	Successful...	Greatly improved.	Some.....			10-1-06	
4-23-06	Alexander's operation.	Successful...	Slight.....	None.....			10-1-06	
4-26-06	Alexander's operation.	Successful...	Marked....	Improvem't directly traceable to operation.	7-15-06	Rec'v'd.		Third degree retroversion.
5-3-06	Perineorrhaphy, Alexander's operation.	Successful...	Marked....	None.....		Much imp'd.	10-1-06	
5-10-06	Divulsion and curettage, Alexander's operation.	Successful...	Slight.....	No change..			10-1-06	
6-14-06	Divulsion and curettage, excision of cervix, perineorrhaphy, Alexander's operation.	Successful...	Marked....	Slight.....	8-24-06	Imp'd...		
6-21-06	Alexander's operation, hemorrhoidectomy.	Successful...	Marked....	None.....		Imp'd...	10-1-06	
6-21-06	Divulsion and curettage, Alexander's operation.	Successful...	None.....	None.....			10-1-06	
7-24-06	Divulsion and curettage, Alexander's operation.	Successful...	Some.....	None.....		Imp'd...	10-1-06	

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The following is a list of gynecological examinations made during the year by Dr. Anna E. Hutchinson, woman physician:

Hernia:

Umbilical	8
Ventral	3
Inguinal	1

Floating kidney:

Right	12
Left	2

Rectum:

Prolapse	1
External hemorrhoids	3
Rectal fistula	2
Stricture	1
Inflammation of inguinal glands	1
Vulvo-vaginal cysts	2
Condylomata of perineum	2
Chancre of perineum	1
Urethral caruncle	6
Perineal lacerations	343
Laceration through sphincter	2
Rectocele	25
Cystocele	5
Vaginal adhesions	2
Cyst of vaginal wall	1
Cervical polyp	2
Cervical lacerations	332

Displacement of uterus:

Retrocession	8
Retroversion	154
Prolapse	14
Lateral	10
Pathological anteflex	3
Uterine fibroids	23
Pregnancy	13
Septicemia following childbirth	1
Subinvolution of uterus	22
Tubo-ovarian disease	7

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Operations performed before admission:

Alexander's operation	2
Ventral suspension	5
Ovariectomy	9
Hysterectomy	2
Rectal fistule	1
Negative examinations	165

AURIST

Dr. W. Sohler Bryant, the consulting aurist of the hospital, submits the following report of his work for the year. Inasmuch as this line of investigation is comparatively new, we prefer to wait another year before making any definite deductions from the facts discovered. Furthermore, during the coming year, we hope to be able to give Dr. Bryant increased facilities for the study of this most important subject.

"I have examined 265 patients with the following results: 261 had some form of ear disease; seven, or three per cent had none; 210 had dry middle ear inflammation; 46 had the effects of purulent middle ear disease; five had labyrinthine disturbances alone.

"Two hundred twenty-eight patients were examined with reference to the condition of the nose, accessory sinus and nasopharynx, etc.; 219 were found with diseases in these localities; nine, or three per cent without such disease.

"One hundred seventy-five patients were examined with reference to auditory hallucinations: they were found present in 145 and absent in 30 patients.

"Forty-three epileptics were examined with reference to their ears and upper air tract: these were found defective in all 43 cases without exception.

"When the data were sufficient to throw any light on the precedence or consequence of the aural and nasal disease with reference to the inception of the insanity, it was found that the insanity was invariably preceded by these affections. A coincidence was noted also, that the prognosis for the aural and nasal disease untreated, coincided exactly with the psychic prognosis.

"Observations of a series of patients for a period of several months has shown that when there was improvement of the ear

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and upper air tract with or without special treatment, the mental condition improved in like proportion. The converse was found to be true also.

“The writer is testing the practical value of these observations. Thus far, local treatment of the diseases of the ear and upper air tract appears to have been very beneficial in a few cases, while in some others the results were nil—the local conditions did not improve nor did the mental state.”

OPHTHALMOLOGIST

The work of the ophthalmologist has been the treatment of the usual eye diseases and the correction of errors of refraction, and also the routine examination of all patients in whom eye symptoms might be of value in the diagnosis of diseases of the central nervous system.

Last year a tabulation was made of the ocular conditions found in a large number of paretics and the results were embodied in a paper called “Early ocular signs of dementia paralytica,” published in the *Journal of Nervous and Mental Diseases*, November, 1905.

At the present time a particular study is being made of paralyses of the ocular muscles and their significance in diseases of the central nervous system.

Dr. Ward A. Holden, ophthalmologist to the hospital, has continued in charge of this work.

ODONTOLOGIST

This work has been under the charge of Dr. A. Walter Hermann, odontologist to the hospital. During the year 101 female and 169 male patients were treated, requiring 377 dental operations, classified as follows:

Teeth and roots extracted	319
Teeth filled	17
Teeth treated	12
Alveolar abscesses treated	9
Mouths examined where treatment was not required	24
Gold crowns inserted	1
Operations for necrosis of superior maxilla	1
Artificial dentures repaired	1
Teeth ground and edges removed (cases)	7

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REVIEW OF THE YEAR'S WORK IN PSYCHIATRY

The work in the field of psychiatry during the past year was characterized by the same careful, consistent, and painstaking effort of the medical staff in their aim to analyze, reconstruct, and classify, according to the most modern teachings, the numerous psychoses met with in the very large number of admissions to this institution.

To Dr. Louis C. Pettit, the physician in charge of the admission service for women patients, I am under obligation for the review of the work in his department of the hospital. The following list shows the diagnoses, on admission, of women for the year ending September 30, 1906:

Diagnoses of Admissions for the Year ending October 1, 1906

Alcoholic psychoses	76
Constitutional inferiority	34
Drug psychoses	5
Depressive hallucinoses	20
Depressions not sufficiently differentiated	49
Infective exhaustive psychoses	25
Allied to infective exhaustive psychoses	8
Dementia præcox	197
Allied to dementia præcox	42
Epileptic psychoses	15
Hysterical psychoses	6
Imbecility with insanity	11
Involitional psychoses	30
Manic depressive insanity	84
Allied to manic depressive insanity	29
Paresis	50
Paranoic conditions	59
Psychoses with neuroses	8
Senile psychoses	82
Organic brain disease	9
Not classified	8
Not insane	1
Total	848

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The methods of study pursued have not varied greatly from those of former years, an exhaustive mental and physical examination being made on admission, and after a few weeks of residence in the hospital, a final summary of the case is presented at the regular staff meetings which are held four times a week, from 8:30 until 10:30 a. m. The tentative classification at present adopted here, has met with numerous obstacles and objections, but as yet nothing more satisfactory has been created as a substitute for that in use. New forms have not been exploited; in fact, it may be said that the preponderance of work in this direction has as yet been almost wholly analytical, it being apparent that no constructive work can be satisfactorily accomplished until the ultimate nosological conditions are first firmly established. From this standpoint much has been done toward clearing up certain conditions or types of psychoses, formerly etiologically classified.

Comparative results of the past with other years show that a certain definite proportion of varied conditions or complexes exist in uniformity; that this ratio is fairly constant in the pure psychoses as well as in the material or organic, and more firmly fixed and definite conditions. For example: the ratio of paretics to total admissions does not vary in a series of years more than one per cent throughout the entire hospital. The same may be said of other forms in the classification, and of the alcoholic psychoses in particular. It also appears that in working upon the same symptom complex as applied to the psychoses, the same relative results in numbers are obtained. This bespeaks a certain amount of scientific accuracy of the work of the medical staff that is eminently satisfactory, be the symptom complex of real value or a mere syndrome to be constructed or moulded into something more definite later on. Again, in the case of dementia præcox, a psychosis with a broad and variable symptomatology and at times most difficult to diagnose with accuracy, we find in comparing the work of the past two years a variation of not more than three per cent on admissions in number. Be the form or classification what it may, as long as the symptomatology is definite, or even approximately so, the combined efforts of the medical officers in the same direction show uniform results. This is a primary requisite for scientific work regardless of any synthetic problem, which is necessarily a matter of secondary consideration. As a whole the work of the staff harmonizes in its results in spite

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of what, at times, seems irreconcilable friction, and conflicting opinions amongst the individual elements.

The difficulties arising through attempts toward classification are numerous and not to be lightly treated. There is always a large proportion of patients who at once clearly fall into some of the various groupings without room for discussion or doubt. This proportion may be with fair accuracy estimated in the past year's work as 36 per cent on admissions. These are essentially chronic. Should we include the cases of dementia præcox, the total percentage would be 65 on admissions. The remaining 35 per cent are the acute and recoverable forms, and it is in these that the bulk of contention arises. Chronic forms arising abruptly as acute conditions have been most difficult problems. What were formerly classified as insanities of pregnancy and the puerperal and lactational periods, have been almost entirely obliterated, and through the advanced psychiatry many of these have readily resolved themselves either into the manic or præcox groups, with a small remainder which may properly be classified as infectious or exhaustive psychoses, the conditions under which a female patient may be laboring at the time of the psychotic attack, appearing as merely incidental or at most, exciting elements, acting on a neuropathic basis. The same may probably to a less extent be said of the alcoholic group. There are no available statistics or evidence that the ratio of insanity among women during all of the above periods, is higher than it would be in women of the same epochs in life, free from such conditions. In the so-called thyroidogenous and traumatic psychoses and in fact throughout the entire etiological classification, these forms seem to be extremely vulnerable.

The most pronounced variation in the classification of this year is observed in what might be designated as mere conditions without definite form, but vague and ambiguous for a time and for which we must await further light in the progress of the disease, namely, the depressive hallucinosis and the undifferentiated depressions. This group is relatively larger this year for good and definite reasons, thus, they, with their allied groupings, form the border line cases, or formative stages, and aborted and undeveloped conditions which could not immediately be satisfactorily disposed of. They constitute nearly 20 per cent of the entire admissions, are of favorable prognosis, but practically unclassified.

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The inadequacy of classifications seems largely due to an attempt to give names to conditions which are not as yet well enough defined to be designated as specific groups. The ambiguity of what appears in our classification as allied conditions bespeaks an inaccuracy in effort, which we as yet, have not sufficient knowledge to overcome. This must eventually be accomplished before any satisfactory classification can be adopted. In order to do this it seems clear that we must continue our actual analysis of cases and create from them syndromes for temporary use, regardless of the numbers of such, and later begin our synthetical work with these syndromes as a basis. The gravitation of the work on psychiatry seems at present to take this direction of its own accord, and we, to profit by past work, must necessarily follow this trend rather than try to direct, by preconceived or immature ideas. This is the logical sequence of experience. Conditions should be treated and regarded as they exist, and the vagaries of individual thought not based upon actual experience should be ignored entirely.

Taking into consideration the fact that 40 per cent. or more of the admissions cannot readily be placed in the classification, it would seem that some such scheme as designating cases by a symptom complex, or a brief and concise statement of conditions as they exist, regardless of the large number and variation in type, must eventually be resorted to. These to await sufficient knowledge for reconstruction.

Reviewing the work of the past year from the standpoint of accuracy and utility and value of classification, we are brought to face the time-worn statement of our predecessors that "classifications are whimsical," and that such work when attempted should only be carried out in hospitals where the experience is greatest. To adopt in a hospital of 5,000, with relatively large admissions, a classification originating or based on less clinical material, seems and in fact is, an admission of lack of full conception of the extreme variations which the human mind is capable of assuming in psychopathic conditions.

As to the difficulties surrounding diagnoses, it may be said that the differential conditions are so interlaced and the type of psychoses so complex that not infrequently as many as four or five, and in a large majority of cases, two or three forms have been vigorously exploited by the various members of the medical staff, each with plausible evidence of exactness. Also, that the

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subtilty of the morbid mind, when viewed by the normal, is subordinated largely to the individuality of the critic. Different minds are guided by their own individuality, and consequently opinions are rendered in accordance with the various sources and extent of knowledge of cases. In this respect, it would seem that the difficulties arising are increased by the number of individuals engaged in making the analyses, these being of varied experiences. Happily this is obviated to some extent by the elements in control, that, what on first proposition seem to be absolutely irreconcilable conditions, are through open discussion and comment, ultimately placed by the organized body as near their proper classification as the exactness of the science will at present permit. In the final result, the organized body figures as a unit, wherein lies the value of results in the study of the psychiatric problems arising in this hospital. Persistent methodical work will evolve its own future.

ADMISSIONS

The number of patients admitted to the women's department during the year ending October 1, 1906, was 848. Some 275 cases were sent to the hospital at Central Islip from the boroughs of Manhattan and the Bronx, making the total number of women committed from these boroughs, about 1,123. The number is a considerable increase over admissions of 10 years ago, but is not out of proportion to the population.

Alcoholic psychoses. As to the nature of psychoses in admissions, many varieties show uniformity in number to such degree that certain fixed percentages may be counted upon with accuracy. In the alcoholic psychoses, for example, there has been a very slight increase, they usually constitute about eight to 10 per cent of the admissions. This grouping includes merely the cases in which alcohol has been absolutely demonstrated as an etiological factor in the disease. In many forms of the classification alcohol has appeared as a subordinate or accessory element in the etiology. In the paranoic conditions, the anxiety and involution and undifferentiated depressions, and in the manic types, the use of alcohol has sometimes complicated the etiology, yet we may say of the symptom complex in what are considered as the alcoholic psychoses, is so definite, we have sometimes attempted to diagnose the same without corroboration by evidence that the habit has existed. Alcohol also enters largely into the group complicated by the neuroses. Fortunately this group yields readily to treatment, over 40 per cent of the same having already recovered.

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Constitutional Inferiority.— Under this designation we have considerable increase in number. As this condition is one closely allied to the amentias, imbecility, etc., it seems to have increased at the expense of these conditions. In the groupings of manic depressive insanity and dementia præcox and the hysterical psychoses, we not infrequently have recognized the psychosis as existing on a constitutional basis. As a term its signification is usually a bodily as well as mental defect of developmental conditions. The problem of placing the patient under two headings has frequently presented itself in this and in the imbecile and epileptic groupings. Manic depressive insanity and other forms on a constitutional basis, or in an imbecile or epileptic, have occurred not infrequently.

Drug addiction was the assigned cause in five admissions the toxicant being opium in three cases, cocaine in one and chloral in one. Pure drug intoxication has been rather infrequent. The majority of habitues are, or have at one time, been alcoholic, and are from the lower planes of life; two were syphilitic. The psychoses have been of rather mixed type, pure deliria occurring in only two cases.

Under the designation of depressions not sufficiently differentiated and depressive hallucinoses have occurred 69 cases, embracing a rather large class for which our classification seems wholly unable to do more than temporarily designate their dominant symptoms. Fifty per cent of these have already been discharged from the hospital. This class has been largely subject to emotional episodes and morbid fears, sometimes preceded or followed by hallucinatory disturbances. Some have been of an evanescent and transitory type, recovering after a few days of hospital treatment. They are at times recurrent conditions; many of them apparently arise de novo, or from the temporary vicissitudes of life, nostalgia, etc., and, at times, exhaustive conditions rapidly yielding to treatment. Additional light on some has placed them in the more permanent and better defined, the manic, paranoic and deteriorating groups. The terms have been extremely convenient as well as useful, their signification being fairly well understood from a semeiotic standpoint. They are devoid of the complex conditions encountered in other groups, though at times, at least, a temporary subterfuge. Their prognosis is usually favorable or they early develop additional phenomena during their residence in the hospital.

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Infective Exhaustive Psychoses.—An etiological subdivision which has been the subject of special study. In our nosology this group has clearly been decimated by a more critical analysis, and cases formerly considered here have through a clearer and deeper insight been correctly placed in the manic or other groups. Formerly cases of delirium with febrile symptoms and their phenomena, have been so placed as infective and exhaustive. The mental transformations coincident with the puerperium, the psychic trauma of illegitimacy, states of mental collapse following protracted bodily illness, as in tuberculosis, the sequelæ of fright, nostalgia, etc., have contributed a majority of cases in this group.

One of the most pleasing results of the newer methods of study in psychiatry is observed here, and which has practically forced itself upon us, not through preconceived thought, but through actual experience with the material under investigation, that is, the occurrence or occasion of delirium during the puerperium, or the rise of bodily temperature coincident with the psychosis does not formulate as formerly a puerperal insanity, likewise with gestation or prolonged lactation. In other words, we have learned to not so greedily grasp at what is seemingly the most accessible and prominent etiological factor and use it as an easy makeshift, but to study and classify the psychoses occurring in the female during pregnancy, the puerperium and lactation in the same manner and method as prevails in the other 90 per cent of admissions, that is on a symptomological basis. By so doing the above conditions do not seem of such pronounced import as causative agents and becomes subordinate to unstable states of a constitutional type.

The prognosis of such numbers remaining after the above discrimination is extremely favorable; 70 per cent of these cases have already been discharged from the hospital. Here, as in other forms, where delirium predominates, the continuous bath has been at times almost specific as a curative agent.

Dementia Præcox. This and its allied forms have comprised as usual by far a greater number of admissions than any other, representing 28 per cent. Of this number 51 have been discharged, 13 of whom were deported, leaving about 15 per cent for discharge in various stages of recovery. Unfortunately nothing has been discovered to check the slow mental disintegration occurring in this form of disease. Variable and comprehensive conditions and wide range of disturbance of the intellect

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and the sensory spheres covering the decades of early and middle life, characterise this form. Further it does not seem to diminish in numbers, but bids fair to be enlarged by additions from other groupings, through a more accurate differentiation. The type of the disease is largely subject to the influences of ancestral individuality, etc. Much of the time allotted to the staff meetings has properly been occupied by the discussion of this disease in connection with the presentation of cases for diagnosis. It may not be out of place to enumerate the differences and difficulties encountered. Probably the greatest obstacle is the recognition or not of deterioration in some of its various types. The vignette gives us a quiet shading; on the one hand toward constitutional inferiority, illiteracy and depravity in the lower types; on the other hand, the more acute and excited or delirious types of sudden onset are at times extremely difficult to differentiate from the manic, the alcoholic, and exhaustive groups. No great importance has been attached to the subdivision of this group, admixtures being extremely common. Cases were also met showing manic traits, such as occur in the field of the emotions and of attention. On the whole it may be said that these finer discriminations have been almost innumerable and hard and fast lines were difficult to establish. Border cases were frequent and cast an unavoidable reflection upon the exactness of the science of psychiatry.

Involitional Psychoses, etc.—This term applies to a rather definite symptom complex, most frequently occurring around the menopause or as a pre-senile condition. A type of anxiety which although seen both in early life and advanced years, is met with most frequently between the ages of 40 and 60. Several of these have been so complicated by conditions, possibly arising through excessive use of alcohol or through senility, that it was almost impossible to definitely establish their exact nature. Only three have recovered up to the present time, one of whom, however, was 80 years old on admission.

The occurrence of insanity in epileptic and imbecile persons accounts for 26 of our admissions. Five of the epileptics were received by transfer from Craig Colony.

Hysteria dominated the psychoses in six cases; five of these have already recovered.

Manic Depressive Insanity.—An extremely interesting and important group embracing with its allied forms 13 per cent of

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the admissions of this year, compared with 14 per cent last year, and 12 per cent the year before, but little variation in ratio is shown. Of those admitted, 38 per cent have already been discharged recovered. In this group probably more than in some others, the diagnosis has rested upon a syndrome more easily recognized, emotional states, disturbances of consciousness and difficulties in the field of attention and thought processes; these have a corresponding affect upon the motility of the patient, causing hyperactivity or retardation. No single symptom has distracted the attention of the medical staff more than retardation. While the hypermotility conditions are almost exclusively confined to the manic groups, it has been extremely difficult to establish in the depressed forms retardation as it is at present understood. The trend of opinion is that probable undue importance is attached to the same as a diagnostic feature.

Manic depressive insanity has frequently established itself upon a constitutional basis; recurrent attacks have been excited by the use of alcohol. One case has been admitted 12 and another 18 times. In one patient the attacks appeared to have occurred with some periodicity, beginning at the age of nine years and extending throughout the patient's entire life. Hereditary tendencies are very pronounced in the etiology of this psychosis. In one family in which eight members suffered from insanity, two were manic; from another family two sisters were admitted with similar attacks. Difficulties have arisen in differentiating the delirium types from delirium of, for example, the infective exhaustive psychoses, and the excitements occurring in dementia præcox. Again, manic traits have occurred in almost all the other psychoses in isolated cases. Distractibility, retardation and sound association, etc., has been not infrequently observed in cases of dementia præcox, yet the syndrome of manic depressive insanity is from a point of accuracy probably the best defined and one of the most easily recognized forms in the classification. It has been demonstrated during the year that manic attacks may be precipitated in the same individual through various exciting causes. In one case that has been in the hospital 10 times it is observed with each attack the etiology varied, as when the patient was single, fright, after marriage childbirth was assigned, after the menopause upon alcohol fell responsibility. In a number of cases the manic depressive equivalent seemed to be an affect upon a

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mild paranoic basis. This condition existed especially in the attacks of manic depressive insanity occurring late in life, and in those types who do not acquire a thorough insight but seem always to have a grievance, as a residual condition. Special efforts were made to exactly reproduce the patient's spontaneity in this group, as it seems to be of great value for diagnostic purposes. Hallucinations of the most vivid and harrassing type have been met with in several cases. Delirious types have also occurred in which the diagnosis was necessarily in abeyance, manic traits appearing after the delirium had subsided. Different sensory channels for the disturbances of attention seem to exist, distractibility for colors and of an aesthetic type have existed, and a most interesting study was made of the various types of distraction. Suicidal tendencies were encountered in the depressions of this group of a very determined nature. Several patients were admitted beyond the age of sixty, and it, at times, has appeared on a senile basis. Throughout the work it may be said that the manic equivalent has held out as another clear conception. As before stated, the difficulties have been greatest in the depressed form, some of which were deferred for additional light and outcome.

Paresis.—Amongst the remaining groups we have 50 cases of paresis, or nearly six per cent on the women admissions. This ratio has not varied for some years past. Compared with this the admissions on the male division have for many years past averaged from 16 to 17 per cent. This would indicate on the mixed population 10 per cent of admission. Various types have been designated which it would seem are nothing more than mere stages of development of the same definite process. One case formerly diagnosed as paresis was readmitted with a primary specific lesion; should the diagnosis prove correct the anomaly would be a most interesting one. In at least three instances the wives of parietic husbands have been admitted with the same disease. There does not appear to have been any increase in the frequency of paresis in this hospital during the past decade.

Paranoic Conditions.—This grouping appears to have shown considerable decrease in number, representing this year only seven per cent of admissions as against nine per cent last year and 12 per cent the year before. This may be accounted for by the fact that a finer discrimination and an effort to exclude from this

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group cases which show any marked degree of deterioration has been made. It has also somewhat complicated the alcoholic psychoses and has also appeared during the senile epoch. An effort has been made to keep this form as much as possible within the range of the purely intellectual psychoses. There seems to be a progressive gradation or an interlacing between the paranoid types of dementia præcox and the paranoic conditions which is difficult to eliminate; the border lines seem not clearly defined from a practical standpoint. The differential conditions seemingly dependent upon developmental degree rather than specific semeiosis.

The psychoses with neuroses embrace the alcoholic cases, accompanied by a polynuritic process, the characteristic mental phenomena being memory defect, a tendency toward fabrication, etc.

Amongst the remaining groups are placed organic conditions in most instances of indefinite pathology, diagnosed as vascular lesions or the mental reductions following hemiplegic attacks.

One case of brain tumor occurred of extreme interest, a sarcoma originating in the dura and penetrating the brain in the left sylvian area, and which will be reported in detail in a medical periodical.

A recapitulation of the work of the year indicates that considerable objection has seemed paramount to the etiological terms used in our classification, the trend of which is that the same are unscientific unless absolutely established and specific. A multiplicity of forms have been diagnosed from the same etiology; there is likewise a multiplicity of causes assigned to the different individuals suffering from the same psychosis. Many interesting problems have presented themselves during the year, that of heredity seems to stand in bolder relief the deeper it is investigated; yet it has been shown that inheritance has an utter disregard for forms.

It seems definitely established also that the different epochs in life are prone to certain forms of psychoses, out of which may be constructed a basis for further study, and these forms may bear a distinct relation to developmental and regressive conditions.

To Dr. D. S. Spellman I would express my indebtedness for his efforts in reviewing the work in psychiatry among the admissions on the men's service. It has been the effort of the staff on

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the men's division to classify the cases on the facts, without attempting to force the issue. As a result a large number of cases have been assigned to the unclassified group.

Many difficulties confront us in gaining adequate facts. The diversity of population, coming as it does from all parts of the earth, many without available friends, who are practically inaccessible on account of lack of knowledge of our language, the absence of a competent interpreter and the unreliability of the information obtained, through ignorance or inhibition on the part of relatives, leave us on grounds of partial assumption at times. Again, some cases, though freely accessible, present such atypical complexes that we are without a name for them.

We have endeavored to digest as far as possible the valuable facts in each case, so as to round them out and enable us to conform consistently to the classification adopted by the State Commission in Lunacy in 1905.

Our work has gained headway during the year. Owing to the comparatively recent adoption of the classification now in use, we have a very inadequate basis for comparison. Comparisons with other hospitals where the Kræpelin methods have been pursued would not be satisfactory, owing to the difference in the general make-up of the community from which their population is drawn. Comparing our percentage of dementia præcox with the same class in one of the large New England hospitals, we find that the average there for a period of years is about 27 per cent, and in their last report at hand, about 32 per cent, while in another hospital for one year it was six per cent.

Paresis in the former institution was about nine per cent and in the latter about 20 per cent. The alcoholic psychoses in one about 16 per cent and in another about five per cent.

As an example of the relative completeness of our work during the year, we find in consulting table No. 3, that in only about 12 per cent was heredity ascertained in 1905. Referring to the annual reports for the years ending September 30, 1901, and September 30, 1904, we find that ascertained heredity as a predisposing factor was established in 14 per cent and 17 per cent of the cases admitted to two other hospitals, while our present year shows an increase to 37 per cent.

Table A, which gives the classification of men admitted during the year ending September 30, 1906, and Table B,

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giving the ages on admission, with classifications, will conclude the report of Dr. Spellman.

Intoxication Psychosis.—In this grouping, alcohol has as before been the principal etiological factor. It is from this group that a very satisfactory number of our recoveries are obtained. Of the 54 cases placed in this class, only two could be placed outside of its domain. One of the latter being directly traceable to plumbic absorption, the other to the action of the urea retained within the system due to the pathological condition of the excretory functions. The remaining 52 cases, which were distinctly alcoholic, were classified as follows: Twenty-eight were of the acute variety, characterized by rapid onset with marked hallucinations, as a rule lowered and consistent emotional tone with either partial or complete disorientation, increased abnormal psycho-motor activity and pronounced insomnia. Eighteen of these recovered. Two were discharged after 10 and 16 days' residence as "improved," but both would no doubt have recovered had they been permitted to remain. Eight are still under care, showing varying degrees of improvement.

The average duration of residence of those recovered was 92 days. The shortest period was 20, and the longest 186 days. The average age on admission was 38½ years. Sixteen of these were placed in the chronic alcoholic group and presented, as a rule, ideas of infidelity and a loosely connected paranoic trend, the emotional tone varying from moderate indifference to a substantial consistent reaction. In this class much difficulty has been experienced from a prognostic standpoint. While several of these have recovered, others again have continued and now possess fairly well defined evidence of chronic mental aberration. Considerable stress has been laid in these cases on the indifferent emotional reaction as indicating a bad prognosis, which, in our experience, is not as trustworthy a guide as we would wish. It would seem that greater efforts should be made in the future in the study of this division which will help as to the outcome. Eight were in various stages of deterioration; two presenting the classical Korsakoff's symptom complex.

Dementia Præcox and Constitutional Psychopathic Inferiority.—As indicated by reports which are available and our own observations we have in the dementia præcox group the largest percentage of admissions. They include the most hopeless class,

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as a rule, outside of paralytic dementia and a few of the other minor groupings. Under this head we had the large number of 105 admissions, which includes seven allied cases, or about 26 per cent of the whole number received. Twenty-two cases, some of whom, we believe, would have a few years ago been placed in this division were after critical consideration placed under the head of constitutional inferiority with episodes. Possibly with more definite information, a few more cases would have been relegated to the group of inferiors, who after some abnormal psychic manifestation, readjust themselves to their normal standard, do not present evidence of deterioration and are able to go out into the world with no added handicap due to the mental storm. From the year's work just passed, we are inclined strongly to the conclusion that the high grade imbecile with episodic attacks has been the reservoir from which a large per cent of the recoveries reported as dementia præcox was drawn, and reasoning on this basis it would seem fair to assume that in future dementia præcox will be looked upon in the same light as paresis so far as recovery may be expected.

We have as far as possible assigned those cases to the special subdivision to which they seem most fitted. Of the hebephrenics there were 21 cases, nine catatonic, 41 paranoid; however, 27 could not be consistently placed in other than a simple deterioration class. The average age on admission in the hebephrenics was 20, catatonic 25, and paranoid 29 years. At the close of the year none of this class had been discharged as "recovered," however, some had shown considerable improvement and were permitted to go to their friends, but the majority still remain under care with little hope of ultimate benefit.

Manic Depressive Insanity.—Under this form, there were 28 cases admitted; this includes 14 cases allied to the disorder. The manic phase was represented by 10, depressed by three and the mixed by one. The percentage of the whole number of admissions was seven per cent. In the manic phase the leading features were: disorder of attention, stream of thought and the motor field; delusions were not prominent. In a few there was slight clouding of the sensorium as illustrated by temporary hallucinations of the mistaking of identity. The complex presented by the depressed phase was feelings of insufficiency, psychomotor inhibition, lowering of the emotional tone and in one a dis-

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tinct well defined hallucinatory episode, confined to the auditory apparatus. This, however, was of short duration. One case came clearly within the range of the mixed manic depressive type. On admission he complained of lack of energy, felt tired and desired to rest; his emotional reaction was quite consistent. In a retarded way he was able to give a clear account of his past life. His condition gradually improved, and he was looked upon as convalescent when without any apparent exciting element he passed rapidly into a manic state; was distractible, exhibited mild abnormal psychomotor unrest, a mischievously playful mood and flight of ideas. He gradually emerged from this condition and recovered without insight.

The 14 cases in the allied condition while exhibiting manic depressive traits, did not have sufficiently clear complexes to justify us in placing them in the acknowledged group. Nine of the true manic depressive were discharged, five as "recovered" and four "improved," all of the latter being removed before sufficient time had elapsed for restitution to appear. Of the five cases remaining, four showed marked improvement, the other none. The average age on admission was 37 years and the average period under treatment of those discharged "recovered" was 51 days. Eight of the allied class were discharged, seven as "recovered" and one as "improved." Of the six remaining, four are gradually improving, but two have as yet presented no encouraging change. The average age on admission of these was about 36 years and the average period of treatment of those discharged 123 days. One of the true manic depressive and two of the allied class were under 20 years of age, while the oldest manic depressive was 57 and the oldest allied 52 at the time of admission.

Of the manic depressive six were undergoing their first attack, four the second, two the third, one the fourth and one the fifth. Of the allied six were suffering from their first attack, six were in their second attack, one in the fourth and the other in the sixth. The duration of the psychosis prior to admission was in the true manic depressive under one month, seven; one to three months, one, while in six the period could not be ascertained. In the allied form in six, under one month; in three, under three months; in one, under six months and in four the period is not known. As a predisposing factor of this trouble, heredity played a very important part. The exciting cause in many could not be definitely

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established; 50 per cent of them showed some tendency to moderate alcoholic indulgence.

Infective Exhaustive Psychosis.—In this class we allotted 10 cases or about three per cent. The average age on admission was about 27 years. In none of the cases was hereditary taint found to exist and alcohol played no part. In each case well founded evidence of factors, productive of an asthenic condition were found. In three there was insufficient food; two typhoid fever; two acute articular rheumatism; one overwork and sexual excess; in the others long hours at tedious work in unhygienic environment. The onset in all cases was apparently abrupt, the majority coming to the hospital within 10 days of the beginning of their trouble. Nearly all had as premonitory evidence of some deficiency, headache and insomnia. In all but two there was a moderate elevation of temperature. On the mental side increased motor activity was noted in six; decreased in varying degrees, four. All presented disorder of the stream of thought, except one, varying from pronounced incoherence to sluggish confusion. Nine hallucinated actively; four in the visual, two in the auditory and three in both the auditory and visual fields. Nine were disoriented for time and place. Seven mistook identity; four were emotionally elevated; four lowered and two were indifferent. Two cases showed pronounced deterioration.

In this form we find a very gratifying recovery rate. Seven were discharged in this condition after two and one-half months, one as "improved" and before convalescence could have been expected. The two cases which showed pronounced deterioration had an attack of typhoid fever as the exciting etiological factor.

Traumatic psychosis. There were admitted during the year four cases of traumatic psychosis. The diagnosis in each case being reached after definitely eliminating all other factors as an exciting cause. In each case the psychosis followed immediately on a severe injury to the head. Cases Nos. 1, 3 and 4 sustained fracture of the skull, while No. 2 from a fairly definite account was jolted against an iron pillar, sustained concussion without evidence of fracture. No. 1 had fracture of the base, the diagnosis being sustained by classical symptoms. No. 3 is described as having fallen from a roof and fractured the skull. No. 4 while engaged in a football contest received fracture of the nasal and the ethmoid bones. He was treated at a dispensary, where

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he was taken by comrades in a somewhat dazed condition. Two days later he complained of pain in his head, back and legs and uneasy gastric sensations without emesis. No. 1 was injured and immediately taken to hospital in a comatose state. Two days later he was partially conscious but very sleepy. He now became more active; he wandered in his talk; fabricated various accounts of his accident, and becoming troublesome, was taken to the psychopathic pavilion and admitted here on December 13, 1905, at which time he was rather restless, distractible and talkative; was anxious to work. Thought that he was in prison and asserted his innocence. Fabricated an account of his past trade. Continually said that he was first rate and was quite pleased with his abilities but showed no absurd elaborations. There were no grandiose delusions. Hallucinations were absent. He was correctly oriented in all fields except slight deficiency for time. Gave his age incorrectly; showed an inability to collate dates and gave a rather disjointed statement of his life in response to questions. His grasp on contemporaneous events was poor.

On the physical side there was nothing to note except slight sluggishness of the pupils, which were unequal, the tendon reflexes were increased and he had a spinal kyphosis; spinal puncture was not done on this account.

No. 2 immediately after his injury was very violent. Two days after was able to talk to his wife and for a week seemed well and then became lethargic and silent. Later made absurd statements, e. g., "I was sent a check for \$100," etc., but these he immediately corrected. Later he was restless and childish, mistook identity and entered into familiar talk on this basis. Physically there was some increase of the deep reflexes, slight deviation of the tongue, speech slightly defective on test words and there was some tremor of the facial muscles. Lumbar puncture showed moderate lymphocytosis.

No. 3 was taken to a hospital immediately after injury. He was restless and delirious, failed to recognize visitors, was very cheerful but much confused and he occasionally hallucinated. On admission he was inattentive, paraphasic, contented in mood, occasionally hallucinated and had defective grasp. Hallucinations continued for a week and there was illusional interpretation of pictures for a week longer. He had complete amnesia for the accident, but accepted his wife's statements about it. Physically,

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his speech was defective, pupils irregular, writing tremulous with moderate lymphocytosis.

No. 4, on admission, two months after injury, was treated at home and in a general hospital. There was constant complaints of headache and insomnia at first; a little later he hallucinated for a short period. He gradually subsided into a somewhat stuporous state, refused food and was committed. On admission he was mute, stupid, again resistive and moderately cataleptic; suffered complete loss of ethical sense and at times refused food. Physically, muscular tissue was scanty and flabby, deep reflexes exaggerated, pupils were dilated and sluggish. About 10 weeks after admission he gradually emerged from his active state and passed into one of mild manic activity with pronounced attention defect and acceleration of stream of thought and flightiness. He is still under treatment, has improved very materially and the prognosis is considered good.

This group appears to be particularly interesting from a forensic standpoint as well as from a psychiatric standpoint. Cases Nos. 1, 2 and 3 might easily have been mistaken for paresis, while No. 4 could have led to the dementia præcox group at first, then later as manic depressive. Of three of the cases who left the hospital, one was "recovered," two were "much improved," and the other is on a fair road to convalescence.

Involutional psychosis.—This form appears with much less frequency in men than in women and so far as our observation extends is, as a rule, milder in its manifestations. The per cent on the whole number of admissions was about .018. The average age was about 53 years. Heredity seemed to play an important part as a predisposing element, five of the seven cases of the group having insane relatives. The onset of the psychosis was rather gradual with varying degrees of depression consistent with thought content. Six had delusions of fear. Five had auditory hallucinations. Two presented slight temporary clouding of the sensorium. None presented evidences of deterioration. In one there was pronounced disturbance of the circulatory system. Four were discharged as "recovered;" two were discharged as "improved," and one died from incidental causes.

Miscellaneous groups.—A brief summary of the remaining groups will be embraced under the above heading. There was admitted 71 cases of paresis, or about .179 per cent. The average

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age on admission was about 40 years, the youngest under 25, and the eldest 66. This grouping presented the usual well-accepted physical and mental symptom complexes. In nearly all cases syphilis could be demonstrated as one of the leading etiological factors. However, in a few, no history of infection could be obtained. In 27 cases spinal puncture was resorted to with a view of furnishing corroborating evidence. These, in all cases, showed distinct albumin reaction and a varying number of lymphocytes.

Under the head of senile psychosis there was admitted 13 cases, or about three per cent. The average age was about 70 years, the youngest being 55, and two of the oldest over 80.

Of the paranoic condition 35 were admitted, or about eight per cent. The average age on admission was about 30 years. In these cases the onset was gradual, with fixed systematized delusions with varying degrees of elaboration, depending much upon the potentiality of the individual. In the emotional field there were wide ranges from consistent emotional reaction to rather marked ataxia; in some a considerable degree of indifference.

Under the depressions there was admitted seven cases; four of these were put under the class of acute depressive hallucinosis, and three depressions not sufficiently differentiated. There were five cases with organic brain diseases.

TABLE A

CLASSIFICATION OF PATIENTS ADMITTED DURING THE YEAR ENDING SEPTEMBER 30, 1906 (MEN)

Alcoholic psychoses	44
Dementia præcox	27
Dementia præcox (paranoid)	41
Dementia præcox (hebephrenic)	21
Dementia præcox (katatonic)	9
Dementia præcox (allied)	7
Depressions not sufficiently differentiated	3
Depressive hallucinosis	4
Drug intoxications	2
Involutional melancholia	5
Involutional psychosis (anxiety)	2
Involutional psychosis (allied)
Hysterical insanity

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Gross brain disease	5
Paresis	71
Paranoic conditions	35
Manic depressive insanity (depressed type)	3
Manic depressive insanity (manic type)	10
Manic depressive insanity (mixed type)	1
Manic depressive insanity (allied)	14
Infective exhaustive psychosis	1
Exhaustive psychoses	9
Allied infective exhaustive	1
Psychoses accompanying other nervous disorders	2
Melancholia symptomatic	1
Traumatic psychosis	4
Senile psychoses	13
Epileptic psychosis	11
Constitutional inferiority	22
Imbecility . . . . .	...
Not insane	9
Korsakoff's psychosis	2
Alcoholic psychosis with deterioration	6
Not classified	11
Total	<hr/> 396 <hr/>

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TABLE C
SHOWING DEVELOPMENTAL PERIODS OF PSYCHOSES
Forms of Psychoses for the Year Ending September 30, 1906 (Men)

AGE ON ADMISSION.	Imbecility with insanity	Dementia precox	Allied to dementia precox	Constitutional inferiority	Epileptic psychoses	Infective exhaustive psychoses	Manic depressive insanity	Allied to manic depressive insanity	Alcoholic psychoses	Drug psychoses	Depressive hallucinations	Depressions not sufficiently differentiated	Hysterical psychoses	Pareis	Paranoid conditions	Melancholia of involution	Senile psychoses	Organic brain disease	Traumatic psychoses	Thyrogenous psychoses	Unclassified	Psychoses with neurosis	Not insane	Melancholia symptoms	Total
Twenty and under.....	17		2	4	1	3	1	2	2					1					1				2		
Twenty to twenty-five years.....	27		1	4	4	3	1	2	6			1		5	8				1				1		
Twenty-five to thirty years.....	34		3	5	3	3	1	1	9			1		14	6				1				1		
Thirty to thirty-five years.....	11			3		2	1	2	1					13	5						2				
Thirty-five to forty years.....	6		1	1	1	1	1	3	12	1	1			21	5	1					2				
Forty to forty-five years.....	8			2	1	1	2	3	6					9	6						2				
Forty-five to fifty years.....				1	1		2	3	7	1				6	4	3			1		2				
Fifty to fifty-five years.....				1			1		8					1	1	1									
Fifty-five to sixty years.....								1	2					1	1	3	1	1	3						
Sixty to sixty-five years.....																									
Sixty-five to seventy years.....																									
Seventy to eighty years.....																									
Eighty and over.....																									
Total.....	98	7	22	11	11	11	14	14	52	2	4	3		71	35	7	13	5	4		11	2	9	1	396

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SUMMARY OF WORK ON SPINAL FLUID FOR 1905
AND 1906

Dr. John L. Pomeroy, one of the members of the staff, has devoted a great deal of time to the study of the spinal fluid, and we incorporate herewith the result of his work:

This subject has developed sufficient importance to demand systematic observations in the daily work. During the past year this idea has been carried out. The technique of Widal and Ravaut has been employed and the literature carefully summarized. Various questions presented themselves for study. It was well established that spinal lymphocytosis was a constant finding in paresis. It was to be investigated what other conditions produced this symptom, and especially was it essential to establish whether it occurred in conditions to be differentiated from paresis. Naturally such an investigation had to cover considerable variety of conditions.

At the beginning it was soon apparent that syphilitic infection bore a close causal relationship to lymphocytosis. It was questionable whether alcohol alone was a cause. Etiologically, with the French theory as a basis, lymphocytosis is a sign of meningeal irritation; thus all states in which meningeal irritation occurs, would necessarily be investigated. The theory of a meningeal causation for lymphocytosis has not been supported by pathologic demonstration. (Merzbacher.)

Pressure influences, such as occur in hydrocephalus, uræmia, and brain tumor, may have an etiological bearing. In one case of chronic congenital hydrocephalus, we have obtained a constant positive puncture (three). Syphilis is not a factor. It is also known that slight lymphocytosis accompanies the uræmic state. We have had no cases. In one case of brain tumor no lymphocytosis was found.

Other conditions in which lymphocytosis is reported to be present are herpes zoster, chorea, heat-stroke, multiple sclerosis, and mumps. In these conditions, outside of one case, a suspected sclerosis, which was positive, we have had no experience. This case is, without doubt, a syphilitic patient.

Trauma to the skull or spine is also responsible for a slight lymphocytic increase. In three cases where the examination was made shortly after the trauma, the fluid in one was negative, in

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two others a slight increase was observed; red blood cells were absent.

Syphilis is the most important factor. Lymphocytosis occurs in the secondary stage (12 out of 15), in both nervous and non-nervous tertiary lesions and may be found many years after the disease is supposed to have entirely disappeared. Its presence in a syphilitic may, or may not, be a symptom of nervous or meningeal processes, according to our observation. One must depend in these cases upon the other physical signs. It is a constant finding in cerebral syphilis and one cannot differentiate by the spinal fluid such a condition from paresis.

Alcohol alone does not produce spinal lymphocytosis. In the alcoholic cases examined lymphocytosis was present in only two. In these one has since developed positive signs of paresis, and in the other, anamnesis disclosed a rather recent syphilitic infection as the cause. In such cases we cannot but admit the possibility of the development of paresis or cerebral syphilis, and whether or not the continued presence of a lymphocytosis in such a patient years after the lesion is a benign reminiscence of past disease or a malignant symptom of future nervous involvement is a most serious question for further investigation.

Lymphocytosis has not been found in such conditions as chronic pachymeningitis, two such cases giving negative results.

Mental conditions associated with vascular decay and states of brain softening have shown varying results. Five cases of senile dementia, with arterio-sclerosis, gave negative results; four cases of simple arterio-sclerosis, with hemiplegic attacks gave negative results; three cases of undoubted syphilitic etiology, with hemiplegia, gave positive results. In one patient, at present under observation, the mental condition resembles that of senile psychosis with a few grandiose ideas; age is 70, arterio-sclerosis is present, several transient hemiplegic attacks have occurred, the pupils are fixed, knee jerks sluggish, lymphocytosis positive twice. We are anxiously awaiting autopsy. The diagnostic application of these facts is apparent. In vascular conditions due to syphilis, lymphocytosis is present. In other lesions it is absent. It must be mentioned that paresis, not infrequently, is discovered or pointed out by hemiplegic attack. We have one such case on record, and the positive puncture was of considerable value.

On coming to the study of conditions of indefinite pathology, rather uniform negative results have been obtained. Dementia

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præcox, nine cases, manic depressive insanity, two cases, hysteria one case, infective exhaustive psychosis, one case, all giving negative results. In three cases of epilepsy, two were negative and one positive. In the latter, previous syphilis was proven.

We have had no cases of tuberculous meningitis. In one of an exhaustive psychosis following cerebral spinal meningitis, a marked lymphocytosis was present.

Three important autopsies have been held in the study of this work. In one, a syphilitic patient with tertiary lesions died in convulsive attacks and coma. Brain syphilis was suspected. The post-mortem findings failed to reveal any lesions of a syphilitic nature in the brain and the meninges were carefully studied without showing any changes. This patient had a marked lymphocytosis, yet the sections failed to demonstrate any accompanying meningeal infiltration. The second demonstrated the value of lumbar puncture in doubtful cases. An alcoholic presented unequal knee jerks, marked tremors, speech defect with a grandiose trend of ideas. In the history was the statement of previous convulsive attacks. There was no Babinski or ankle clonus. Two negative punctures ruled out paresis and we were suspicious of a vascular condition, probably small ruptures. The patient died quite suddenly with symptoms of a right hemiplegia. The brain sections showed a small old hemorrhage on the left side in the region of the external capsule, while on the right side in a symmetrical region was an enormous hemorrhage which had burst into the lateral ventricle.

The third case was an obscure exhaustive type in which the diagnosis of paresis was made almost entirely upon lumbar puncture. Pulmonary tuberculosis was present, mental deterioration was slight, and the physical signs vague. The sections showed small, but typical areas of paretic degeneration in the cortex.

It is gratifying that no serious results have followed lumbar puncture. A few patients had headache, slight nausea and vertigo the day following operation. As long as they remained quiet, however, they were comfortable. The symptoms were greatly aggravated by movement. The only patient in which the question of harmful effect could be raised, was in a case of brain tumor. This patient died three days following the puncture. At autopsy, a hemorrhagic focus was found in the pons. It is our opinion that this existed prior to the operation. In all, over 200 punctures have been performed without serious difficulty.

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We have to thank Dr. Folen Cabot of the New York City Hospital, for the use of his ward in the study of syphilitic cases.

CONCLUSIONS

Patients should not be punctured unless they can be put to bed immediately following. To be of definite value, the puncture should be repeated two or more times at intervals of at least two weeks, not more than 3-5 c. c. should be removed for diagnostic purposes.

In general paralysis, lymphocytosis is an early and constant sign. It appears before the memory and reflex signs. A negative finding excludes paresis and is of great value in differential diagnosis. Especially is this true in the alcoholic group which gives consistently negative findings. In the Korsakoff cases the negative puncture has been of great value in differentiation from tabes.

Brain tumor, epilepsy, dementia præcox, manic depressive insanity and functional psychoses give negative results. A positive puncture in such a case means either paresis or syphilis.

Etiologically, syphilitic infection is the chief cause of lymphocytosis increase in the spinal fluid. It may be present in secondary and tertiary syphilis without clinical evidences of nervous involvement. As a general chemical toxin it affects the system in a way not yet determined. If nervous symptoms develop in such cases, cerebral syphilis or paresis is to be diagnosed. These two conditions cannot be differentiated by the spinal fluid. Further work is necessary upon these cases.

Arterio-sclerotic processes give negative results, if the finding is positive, a syphilitic basis must be present. It cannot be enough emphasized that the lymphocytosis presents a singular disease sign, and only after consideration of all other clinical evidences, should it be used to construe the case. When all the possibilities are clear, the evidence obtained by lumbar puncture is of greatest value in enabling us to differentiate paresis, tabes and cerebral syphilis from all other simulating conditions. Without its aid, we would still be in the dark in a large number of obscure cases which we have examined during the past year. The autopsies so far have been corroborative in supporting the diagnosis made with the aid of lumbar puncture. Our duty would not be fulfilled unless the cases which have been punctured are submitted to verification by post mortem findings.

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LABORATORY

Dr. G. Y. Rusk, who has the charge of the laboratory, reports as follows:

The year 1905-1906 has been signalized by the completion of adequate quarters for the laboratory work of the hospital. A frame building containing a mortuary, an amphitheatre, three small private work rooms and a store-room has been added to an already standing building of three work rooms; superfluities have been carefully avoided, yet each room has been provided with fixtures necessary for its purpose, and the hospital is to be congratulated on the liberal policy which has characterized the response to requests for necessary apparatus and supplies for the clinical and anatomical laboratory work.

The work of the laboratory centers about two main issues: First, that directly connected with patients and the clinical diagnosis of their illnesses, and second, that which is the outgrowth of the anatomical study of their diseases. Under the first caption, the laboratory offers facilities for the usual method of clinical microscopy and chemistry; it is available to all members of the staff, and it has endeavored to help their work with such technical advice as may be indicated. It has been found expedient, considering the size of the hospital, to place microscopes, haemocytometers and other apparatus on certain services, that the routine blood, urine and sputum examinations may be conducted more expeditiously; at the same time the laboratory may be utilized for this purpose as well as for special examinations; for example, a study of a case of diabetes with daily quantitative determination of the dextrose has recently been undertaken.

As a basis for the second item noted above, 81 autopsies, (being 21 per cent of the total deaths) have been performed. The correlation of clinical with anatomical facts are sought, and to this end demonstrations at the autopsy table, to which physicians are urged to bring their clinical data, are held. In addition there has recently been inaugurated a weekly demonstration where the broader relations of the disease-processes found in necropsy and the availability of the clinical laboratory for aids in diagnosis are considered. As examples of these reviews, the discussion has centered on succeeding weeks upon Banti's disease and related conditions, typhoid

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fever from the standpoint of early diagnosis of perforation, modes of tubercular invasion and types of chronic aortic valvular disease. Along with these discussions, demonstrations of microscopic sections and preparations of material from our collection are introduced.

HOSPITAL WATER SUPPLY

This hospital obtains its fresh water supply through two mains, one a 12-inch main, the other a six-inch main, passing under the East river and connecting with the Croton mains of the city of New York. On May 16th, the 12-inch main was broken by a dredging machine on the New York side of the river. We were then for some time obliged to depend upon the six-inch main. This supply was inadequate and a four-inch pipe was laid across Little Hell Gate and connected with the water supply of the House of Refuge, Randall's Island. This, however, was not very successful and did not seem to increase the pressure to any extent. There were several interruptions by the pipe becoming broken, so that the hospital received scarcely any benefit from it.

Owing to the greatly reduced supply, the conditions at the main building of the men's division became so unsanitary as to make it necessary to pump sea water through the toilets and lavatories with a fire engine and was continued from May 17th until May 31st. When the repairs to the 12-inch main were completed, the pipes were thoroughly flushed with fresh water and in due time the service was reestablished.

Most unfortunately, on July 2d this repaired 12-inch main was broken again, this time by the anchor of a schooner, and the supply of fresh water was again interrupted. It became necessary to again pump salt water into the main building, men's division, and this was commenced July 2d, and discontinued July 11th. The intake of the salt water supply was from the East river on the east side of the island near Hell Gate.

COST OF MAINTENANCE

The per capita cost for maintenance for the past year was \$168.23 against \$167.71 for the preceding year.

The per capita for food supplies, for maintenance of farm and grounds, for books and stationery, for fuel and lights, for medical

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supplies and miscellaneous expenses are all lower than for the preceding year, while there is a slight increase for officers' salaries. This is due to the increase which comes from length of service and to the fact that there were not so many vacancies on the staff.

The increase for repairs results from some unusual improvements being made and emergencies met. The largest single item in this estimate was for repairs to the 12-inch water main, caused by two breaks, and cost \$8,601. Were it not for this unusual expense, the per capita on this estimate would have been reduced, for during the year ending September 30, 1905, \$26,-857.61 were expended, whereas in 1906, \$32,437.84 were used.

The expenses for clothing and furniture are somewhat larger than for the preceding year, first, because we had to supply an adequate amount of clothing for the east hospital for men patients, and secondly, because there was a sad lack of furniture for the men's wards and the men's home for employees.

IMPROVEMENTS DURING THE YEAR 1905-1906

The following special work, which was under way at the beginning of the fiscal year has been completed:

A continuous bath equipment consisting of two tubs has been installed in ward 44, and a similar one in ward 27.

Six additional radiators were provided for the industrial shop on the first floor of the men's home, west division.

An electric exhaust fan has been added in dining-room 11, annex building, to improve the ventilation. An electric motor and fan have been installed in kitchen four, for the same purpose. In this kitchen we have provided two new steam kettles and a new range.

Steam and water lines were installed in the east side stable, carpenter and paint shops, the pipes being laid in a brick conduit. By this installation, the use of stoves in the stable and shops has been discontinued and the danger of fire avoided.

During the year new plumbing has been installed in the following wards of the east division: wards 36, 37, 39, 40, 42, 43, 44, 45, 48, 52, 55, 59, 60 and 61, and in the towers of the east building, used as employees' sleeping quarters.

The second floor of the main boiler-house, east division, has been remodeled for employees' quarters and now thirty firemen occupy them. Spray baths, tubs and toilets were installed.

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The interior of kitchen four has been painted and the entire woodwork, window frames, etc., of this building have been overhauled and repaired.

The following work was completed during the year:

An addition to the staff kitchen.

Wards 35, 38, 39, 40, 42, 46, 52, 54 and 55, main building, east division, and the sitting-rooms of the Verplanck building were repainted.

New window sash has been provided in ward 34.

A new soap tank was installed in the laundry.

The Catholic church was rewired.

The exterior wood and iron work, including the fire escapes, of the east building was repainted, as was the exterior wood and iron work of wards 17, 18, 19, 20 and 21.

The telephone system was extended, 29 new telephones being added.

The rewiring of the buildings of the east division has been started. All the necessary panel boards for the buildings have been purchased and installed, and three of the wards were rewired. This work is to be completed under the legislative appropriation for 1906, contract for which will be awarded in the near future.

Six additional standpipes have been installed in the basement of the main building, east division, with two lengths of fire hose attached to each for better fire protection.

The entire rear center of the main building, including the basement, first, second and third floors, has been remodeled and converted into congregate dining-rooms, accommodating all the patients in this building. The use of the ward dining-rooms has been discontinued and these rooms turned into dormitories.

Steel ceilings were installed in wards 38, 39, 40 and 54.

A new engine and generator were installed in the engine-room of the power-house, replacing the two direct-current plants formerly in use there for day work. The entire plant thus becomes an alternating one and electric lights are now available in all parts of the hospital during both day and night.

A steam whistle was installed at the power-house, west side, for use as a fire alarm.

Electric wiring was provided for the carpenter and paint shops, east side, and the use of oil lanterns discontinued.

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New power lines were installed to various parts of the island where motors are in use, and new motors and transformers purchased, necessary on account of the change in the electric plant from direct to alternating current.

Eighteen additional electric irons were installed in the laundry, and the automatic handles on the simplex irons changed for plain ones and automatic iron regulator stands supplied for all irons. The wiring in connection with these irons was replaced and wired from overhead instead of under the floor.

One steam oven for baking crustless bread for aged and infirm patients was purchased.

A new mortuary was built in connection with the laboratory near ward 44, east division.

Additional equipment was provided for kitchen three.

One hundred fifty lawn benches have added to the comfort of patients when out of doors on the grounds.

A hot-water tank was set up in the basement of the staffhouse.

A new steam ferryboat, the William L. Parkhurst, was built to replace the Mermaid, which was inadequate for the service. The new boat is much larger and can be used at times in place of the Wanderer when laid up for repairs, thus saving the usual rental of from \$40 to \$50 per day for a substitute boat.

Nine hundred cubic yards of bluestone were purchased for resurfacing the roads.

Three hundred iron beds were purchased, to take the place of an equal number of beds which had been in use since the opening of the institution.

The office of the board of managers and the Commission in Lunacy, No. 1 Madison avenue, was furnished.

The following special work is now under way and will be completed during the coming year:

Material and labor have been allowed for covering the larger part of the exposed surface of the city dock with spruce frame and corrugated iron siding and roof.

Contractors are at work on a fire escape with balcony at the second and fourth floors, connecting with an old balcony at the third floor of the center of the main building, east division, occupied by employees.

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Material and labor have been allowed for the rewiring of the superintendent's residence, the old wiring being in a very dangerous condition.

Material and labor have been allowed for the repainting of kitchen three, and the dining-rooms connected with it, also dining-rooms two, three and four and the clerks' dining-room in the Verplanck building, and dining-room eight in the branch building.

Work has been started on the extension to the laundry providing more space in the receiving and assorting rooms.

Contractors are at work overhauling the steam heating system in the main building, east division.

Steel ceilings have been allowed for wards 36, 37, 41, 42 and 43. When these are installed, no ward in this building will have a plaster ceiling.

Material and labor have been allowed for installing spray baths and toilets in the center of the east building, east division, for employees occupying these quarters.

Material has been received and work commenced on installing a congregate spray bath in the cellar of the Verplanck building.

Material and labor have been allowed for changing the steam pipes in the medical offices, larger pipes being installed and placed under the floor instead of overhead, as now, also for changing the location of the toilets now in the hallway near the office, these toilets to be installed in the basement under ward 1.

Progress is being made in the erection of an addition to the cold storage building.

The Legislature appropriated this year \$2,500 for additional furniture. Some of this furniture has been purchased, and the balance will be provided for in the near future.

SUGGESTIONS FOR IMPROVEMENTS FOR THE
COMING YEAR

The following list of repairs, additions and improvements are necessary for the better operation of the hospital:

Additions and changes to the electric lighting plant	\$2,200 00
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This includes making the electric lighting plant a complete three-phase one, the rewiring of a few defective places in the hospital, and an electric lighting system for the ferryboat, William L. Parkhurst.

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Poultry building	\$1,500,00
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At present we have two poultry yards, neither of which is properly constructed and equipped for obtaining the best results in this line. An appropriation of \$1,000.00 was made in 1904 for a piggery, but it did not seem advisable to build such a building on our limited grounds and in such close proximity to the great district of New York city. If this could be reappropriated and \$500 added, we could erect a plant suitable in size and equipment to meet our needs.

Engineer and carpenter shop equipment.	2,000 00
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The necessity for this has been pointed out to the Commission, who were willing to provide the necessary funds at one time, but owing to the limited amount of their funds and the cost of installing a new 12-inch main, we were directed to submit it in our budget to the next Legislature.

Road construction	3,400 00
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Many of our roads are in bad condition and will have to be torn up and rebuilt. At present we have no suitable arrangement for rolling roads and hence they do not last after they have been repaired. It would seem advisable in connection with this to purchase a steam roller.

Nurses' home	65,000 00
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The erection of this home should no longer be deferred, as we have now 150 employes sleeping in our wards and basements. The institution has become so crowded that we have to alternate with Central Islip in admitting new patients and the relatives of these patients are therefore put to the expense of making the trip of fifty miles to that institution. The Central Islip Hospital will soon become crowded and they will be unable to relieve us as they have in the past.

Inasmuch as the city, under legislative enactment, will have to pay for the improvements made by the State on the property on Ward's

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Island, it does not seem that the short tenure of office (six years), should be considered as operating against this appropriation.

Not only the comfort, but the health of patients and employees will be endangered by further overcrowding.

Area around annex building..... \$2,000 00

The dining-room in the basement of this building is damp and unsanitary, and after conference with the State architect, it has been deemed feasible to build an area with the idea of remedying this state of affairs.

Improvements to docks 1,000 00

The dock at the foot of East One Hundred and Sixteenth Street and the one on the island near the storehouse are in need of improvements.

Addition to ice plant..... 2,000 00

The winter of 1905-1906 was so mild that it was impossible to obtain any ice from our reservoir and our ice-making plant was inadequate to meet the demands made upon it this summer. By the expenditure of the amount asked for, we can increase its capacity and avoid such a situation as we had last summer.

Congregate spray bath, east division..... 1,000 00

It is proposed, if money is made available, to erect a spray bath in the basement of the men patients' department where practically all the men patients may be bathed. This is similar to the arrangement existing in the Verplanck building and in the branch where the plan has worked to our entire satisfaction.

Furniture 2,500 00

Many of the wards of this hospital are inadequately furnished and contain much of the old furniture left over by the Department of Public Charities of the City of New York when the State assumed care of the insane.

Placing wires underground 10,000 00

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The necessity for this was pointed out by our former chief electrician who is now connected with the State architect's office. The wires at present in use overhead are heavier than we need, and if sold as old copper would meet about three-fourths of the expense.

Laundry equipment	\$10,000 00
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The laundry is too small to properly care for the work of the institution unless improved machinery is installed. The drying-room is entirely inadequate and if enlarged, the equipment would cost at least \$8,000. By changing the present system of dryers and putting in the vacuum system, we would get the increase in capacity without the necessity for an additional building. By this clothes are dried much more quickly and thoroughly. The cost of this change last mentioned would be between \$7,000 and \$7,500. The balance of the money on this request would be used for the installation of washing machines of larger capacity. The old washers at present in use are too small and will soon have to be replaced as they are worn out.

Roofs for pavilions	1,200 00
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The tin roofs on the four brick pavilions formerly used by the immigrant hospital have never been renewed since they were occupied by the insane, but have been repaired frequently. They are now beyond repair and should be replaced early in the year.

Bakery	20,000 00
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Our bakery is unsanitary, badly arranged, inadequate and inaccessible. A new one should be erected in its place, and it is estimated that a suitable building, properly equipped, would cost \$20,000.

Alterations to floors, medical office.....	300 00
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The rear part of the medical office has floors which are on a higher level than the rest and

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should be lowered. This will necessitate a certain amount of excavation. The whole work can be done within the amount asked for.

New beds to replace old ones. \$11,000 00

Over 2,000 patients' beds are of the old strap-iron design used by the Department of Public Charities of the City of New York and were inherited by this institution when the change from county to State care was made. They are uncomfortable and now worn out and should be replaced.

Sitting-room pavilions 4,000 00

In the women's division, we will soon have four wooden pavilions occupied by 120 patients without any sitting-room arrangement. By the expenditure of the amount asked for above, we will be enabled to provide suitable sitting-rooms for them. The pavilions are to be enclosed in glass during the winter time. As these pavilions are occupied by the acute insane, we feel that those who are able to be up and about should have proper conditions during the day time.

Fire protection, including fire pump. 7,000 00

The need of additional fire protection is undeniable, and it should include a fire pump so as to get sufficient pressure whenever a fire occurs. We are of course connected with the city department, but it takes a long time to get the department here, and the two engines which the fire department maintain on the island are of an old type and not capable of properly fighting any large conflagration. By means of a fire pump, the pressure could be turned on at once and the feeling of security for our household would be very much increased.

Cement sidewalks 1,000 00

For the past few years this amount of money has been expended for new walks and we should continue the work along these lines.

Renewal of steam lines, east building and men employee's home 9,000 00

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The present steam mains in these buildings are old and in bad condition and should be renewed at the earliest possible date.

Three pavilions	\$9,000 00
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The building at present occupied by women suffering from tuberculosis is not in keeping with modern requirements, as part of it is exceedingly dark and hard to ventilate. This condition should be remedied by building probably three pavilions of the same type as have during recent years been erected at this institution, by which the maximum of sunlight and fresh air are obtainable, and the present building should be used for other classes of cases, after it has been thoroughly disinfected, renovated and painted.

Window screens	3,400 00
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Many of the dining-rooms and sick wards are not supplied with screens and during the summer and early fall the flies are a great nuisance. Furthermore, flies are carriers of disease, and, therefore, a menace to the health of the institution. Having had an outbreak of typhoid fever this year, the cause of which we have been unable to ascertain, we were put to considerable extra work to destroy the flies in the wards occupied by these cases.

Greenhouse extension	1,000 00
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Part of the greenhouse at the south end of the island was rebuilt during recent years and the remaining part should now receive attention. Otherwise, it will fall down.

DR. EMMET C. DENT

Dr. Emmet C. Dent, the superintendent of the Manhattan State Hospital, died suddenly on the morning of January 12, 1906 of heart disease. He had always apparently enjoyed good health and was considered as a person of strong constitution.

He was born in Macon, Mississippi in 1857 and received his early education, first at home schools, and later at the military

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

school at West Point, Miss., and at the Southwestern Presbyterian University, Clarksville, Tennessee. He was graduated in medicine in 1879 from the Bellevue Medical College, New York city. Shortly after receiving his degree, he obtained an appointment on the medical staff of the then, New York City Lunatic Asylum on Blackwell's Island and served in various capacities on this staff until 1886, when he was made medical superintendent, where he remained until the institution was removed to Ward's Island.

In 1896, under the statute providing for the State care of the insane, the various city institutions for this class of patients were transferred to the State, under the supervision of the State Commission in Lunacy, and the institutions placed under the immediate charge of a board of managers. Dr. Dent continued as one of the medical superintendents in charge of the department for women, the entire institution being under the general superintendency of Dr. A. E. Macdonald.

Later, when the department for women and department for men were made separate institutions, Dr. Dent was made superintendent of the Manhattan State Hospital, West, and when the two institutions were consolidated in June, 1905, Dr. Dent was appointed general superintendent.

The work in connection with the consolidation of these two institutions and the responsibility in caring for over 4,400 patients were undoubtedly a great tax upon the Doctor's health, as he was an indefatigable worker, constantly looking after the details of the institution, and never spared any effort to increase the efficiency of the hospital and the comfort of the patients.

Through his professional lifetime, which was spent entirely in the care and treatment of the insane, Dr. Dent saw many changes especially in the last 10 years of his life. In order to show his interest in the scientific care and treatment of the insane, it is only necessary to state that he provided out-of-door treatment for various forms of acute insanity; gave a great deal of attention to hydrotherapy and had installed in the hospital a most complete equipment for this form of treatment; inaugurated the use of the continuous bath in the treatment of the insane in New York state, and instituted and adopted many modern features for the improved care of the insane.

During his administration on both Blackwell's and Ward's Islands, he saw the care of the insane transferred from the old

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

county system with insufficient and inadequate appropriations, to the State care system with its most carefully equipped hospitals with everything done for the patients that science and treatment can suggest.

There was no one in the State hospital service quicker to adopt the new psychiatry than Dr. Dent and the case records of the Manhattan State Hospital are a tribute to his organizing ability, his scientific attitude and his supervision of the medical work.

CHANGES IN MEDICAL STAFF

The following appointments were made during the year:

Dr. Herbert C. Woolley, medical interne, October 1. (transferred from the Willard State Hospital.)

Dr. Charles W. Chapin, junior physician, October 4.

Dr. William C. Garvin, junior physician, October 11.

Dr. Fred J. Conzelmann, medical interne, January 1.

Dr. Edmund R. Lett, medical interne, January 1.

Dr. Albert H. Garvin, medical interne, January 2.

Dr. Spencer L. Higgins, junior physician, January 10.

Dr. Geoffrey C. H. Burns, medical interne, February 1.

Dr. William Mabon, superintendent and medical director, April 25.

Dr. Chester Waterman, medical interne, May 5.

Dr. Joseph W. Moore, junior physician, June 5.

Dr. Sylvester F. O'Day, junior physician, June 6.

Dr. John S. Richards, medical interne, June 21.

Dr. John D. Crane, medical interne, July 7.

Dr. Lafayette Lake, medical interne, July 13.

Dr. Sherman Brown, junior physician, September 21.

The promotions were as follows:

Dr. Samuel W. Hamilton to assistant physician, October 1.

Dr. Philip C. Washburn to assistant physician, October 1.

Dr. Morris J. Karpas, to junior physician, February 1.

Dr. Albert H. Garvin, to junior physician, April 21.

Dr. Arthur M. Phillips, to assistant physician, May 12.

The following resignations have occurred:

Dr. Henry E. Ricketts, medical interne, December 1.

Dr. Edward G. Miltimore, medical interne, December 10.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Dr. William F. Shaw, medical interne, January 1.
 Dr. Henry J. Harp, Jr., medical interne, February 1.
 Dr. Geoffrey C. H. Burns, medical interne, February 18.
 Dr. Edmund R. Lett, medical interne, April 1.
 Dr. Spencer L. Higgins, junior physician, April 10.
 Dr. Charles E. Conrad, medical interne, May 1.
 Dr. Christopher J. Patterson, assistant physician, May 11.
 Dr. Albert H. Garvin, junior physician, June 5.
 Dr. William C. Garvin, junior physician, July 12.

CLINICAL ASSISTANTS

Dr. Edmund R. Lett, appointed October 9; promoted and resigned.

Dr. Palmer R. Bowdish, resigned.
 Dr. Henry E. Jenkins, appointed November 1; resigned.
 Dr. John R. Wilson, resigned.
 Dr. Fred J. Conzelmann, appointed and promoted.
 Dr. Spencer L. Higgins, appointed, promoted and resigned.
 Dr. Geoffrey C. H. Burns, appointed, promoted and resigned.
 Dr. Emlyn H. Marsteller, appointed and resigned.
 Dr. Norman C. Goodwin, appointed and resigned.
 Dr. John D. Crane, appointed and promoted.
 Dr. John S. Richards, appointed and promoted.
 Dr. Lafayette Lake, appointed and promoted.
 Dr. John M. Lawler, appointed.
 Dr. Sherman Brown, appointed and promoted.
 Dr. Charles A. Foster, appointed.

CHANGES AMONG EMPLOYEES

From October 1, 1905, to September 30, 1906, the following changes have taken place:

	Men	Women
Appointments	560	217
Resignations	369	172
Dismissals	104	15
Dropped from roll	13	1
Deaths	5	....
Transfers from other hospitals . . . . .	....	2
Transfers to other hospitals . . . . .	....	2

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

We regret to report the death of the following employees:

Thomas H. Reilly, night attendant appointed November 13, 1902, died on the 1st of November, 1905, of Bright's disease.

Henry Dohren, night charge attendant, appointed June 9, 1888, died on January 1, 1906, at Bellevue Hospital, of pneumonia.

Bellini D. Fleet, our former printer, appointed June 13, 1887, died of intestinal obstruction on February 14, 1906.

John A. Varian, day attendant, appointed April 4, 1900, died April 16, 1906, of diabetes.

Michael Duggan, special attendant, appointed November 30, 1892, fell from a scaffold on May 16, 1906, and died the following day from the injuries incident thereto.

Under this heading I would mention the great difficulty the hospital has experienced the last few years in obtaining a sufficient number of women attendants. This difficulty has been experienced during every spring and summer. In fact, on only one or two occasions during the last few years have the vacancies all been filled at any one time. Advertisements have been inserted in various country papers, but few responses were received. It was found in communicating with different superintendents, not only in this country, but in Canada, that the same difficulty was experienced.

It was therefore decided to advertise in three or four of the New York city papers. This was done, with the result of many applications being received from a reasonably fair class of applicants, but out of the number, some were rejected and others would remain for a time and then leave to take up other employment. We are so near a large city that employment is easily found, and attendants do not hesitate to resign on short notice to accept other positions. However, the conditions during the past summer, owing to this method, have been more satisfactory and it has been found less difficult to keep down the vacancies.

VISITS OF THE STATE COMMISSION IN LUNACY

The State Commission in Lunacy has frequently visited the hospital, either as a board, or individually, and on several occasions the conferences of the Commission were held at the hospital for the purpose of considering estimates, general business matters and the needs of the institution.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

The medical inspector, Dr. William L. Russell, has several times during the year inspected the hospital and interviewed all patients admitted since his previous visits. Cases submitted for his investigation have been carefully looked into.

STATISTICAL REPORT

The details of the operation of the hospital may be found in the treasurer's and steward's reports, as well as in the statistical tables which are appended.

STATE CHARITIES AID ASSOCIATION

Representatives of the above-named association have made occasional visits to the hospital, Miss Mary Vida Clark, assistant secretary, having always manifested great interest in the institution and its inmates.

FIRE DRILLS

As mentioned in the report last year, the fire drills have been continued from time to time. A representative of the New York city fire department visits the hospital and gives instruction. Ward drills are also held and frequently the chief engineer gives lectures with demonstrations to the nurses and attendants in the matter of fire protection and how to meet emergencies arising through the agency of fire.

RELIGIOUS SERVICES

Religious services have been continued by the chaplains who have been in the service of the hospital for some time, Rev. Alfred Blewitt, Rev. T. Gardiner Littell, and Rev. Rufus Duff.

During several months Rev. Mr. Blewitt was ill so that he was unable to officiate, but he always sent a substitute in his place.

In this connection, I would report that, through the consent of the State Commission in Lunacy, Rev. Dr. A. Blum has been holding services for the patients of the Hebrew faith, having commenced his duties about the middle of March. This departure is a commendable one and has been of great advantage to our large number of Hebrew patients.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

DONATIONS

The following donations are gratefully acknowledged:

Fruit and Flower Mission, fruit, flowers, popcorn, Christmas greens, books.

Mrs. E. C. Dent, books, magazines, material for fancy work, Christmas tree decorations.

Mrs. William Mabon, prizes for field day.

Mrs. Grace Gillette Bird, magazines and papers.

Rev. Alfred Blewitt, candy.

American News Company, magazines and papers.

Hospital Book and Newspaper Committee, Charles K. Beekman, chairman, newspapers, magazines and books. During the year, 91,380 newspapers, 5,296 magazines and 37 books were donated to the hospital.

ACKNOWLEDGMENTS

Dr. Herman C. Evarts, the first assistant physician, rendered valuable services as acting superintendent from the time of Dr. Dent's death to the appointment of his successor.

The institution is to be congratulated upon having the continued assistance in the work of psychiatry of Dr. Adolf Meyer, director of the Pathological Institute. The doctor has been at all times willing to respond to any calls made upon his service and has generally been present at the Friday and Saturday meetings of the staff. His criticisms, suggestions and advice have been of the greatest benefit to the members of the staff, and consequently to the patients.

My thanks are also due to the visiting committee of the State Charities Aid Association and the consulting medical board of the hospital for their visits, suggestions and undiminished interest in the progress and welfare of the hospital.

I am under great obligations to Mr. Wheeler, the steward, and to Mr. Webb, the assistant steward, for valuable aid in the conduct of the business affairs of the institution, while to the medical staff I desire to express my sense of gratitude for their continued efforts for the advancement of the medical work at the Manhattan State Hospital, which was so efficiently organized by my predecessor, the late Dr. Dent.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

To the members of the State Commission in Lunacy and the medical inspector, I desire to record my appreciation of their valuable suggestions and the advice so freely given.

May I be permitted, in closing this report, to acknowledge my obligations to the board of managers for their assistance and generous interest, which helped smooth many a rough place and lighten the work of this large institution with its active medical and business departments.

Respectfully submitted,

WM. MABON

Superintendent and Medical Director

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE TREASURER

NEW YORK, *October 1, 1906**State Commission in Lunacy:*

Gentlemen — I have the honor to report receipts and disbursements on account of the Manhattan State Hospital, from October 1, 1905, to September 30, 1906, as stated below:

GENERAL FUND

Receipts

From State comptroller, October 1, 1905, to September 30, 1906	\$740,481 46
From reimbursing and private patients, October 1, 1905, to September 30, 1906	18,306 04
From all other sources, October 1, 1905, to September 30, 1906	6,729 54
Total receipts for maintenance October 1, 1905, to September 30, 1906	\$765,517 04

Disbursements

Estimate No. 1 — Officers' salaries	\$38,908 50
Estimate No. 2 — Wages	260,068 32
Estimate No. 3 — Provisions and stores	268,300 86
Estimate No. 4 — Ordinary repairs	32,437 76
Estimate No. 5 — Farm and grounds	8,159 57
Estimate No. 6 — Clothing	28,450 79
Estimate No. 7 — Furniture and bedding	21,996 75
Estimate No. 8 — Books and stationery	3,450 24
Estimate No. 9 — Fuel and light	41,603 58
Estimate No. 10 — Medical supplies	4,636 58
Estimate No. 11 — Miscellaneous expenses	26,661 27
Estimate No. 12 — Transportation of patients	318 60

Total disbursements, estimates 1 to 12, inclusive \$734,992 82

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Paid State treasurer money received from patients.	\$18,306 04
Paid State treasurer money received from other sources	4,546 46
Paid for uniform material, etc. Reimbursing esti- mate 6	472 05
Paid deficit for year ending September 30, 1905	3,021 50
<hr/>	
Total disbursements	\$761,338 87
Balance on hand	4,178 17
<hr/>	
(Forwarded to treasurer)	\$765,517 04
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SPECIAL FUND*Receipts*

From State comptroller during year ending Sep- tember 30, 1906	\$68,350 24
<hr/> <hr/>	

Disbursements

Sundry vouchers, account extraordinary improve- ments during year ending September 30, 1906	\$68,350 24
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Respectfully,

H. C. EVARTS

Acting Treasurer

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

SPECIAL TABLE NO. 1

Number of physicians	32
Ratio of physicians to patients	1 to 136.9
Annual per capita cost of medical service	\$7.8985

SPECIAL TABLE NO. 2

Number of employees	758
Ratio of employees to patients	1 to 5.78
Ratio of attendants to patients	1 to 9.3
Annual per capita cost of employees	\$59.5258

SPECIAL TABLE NO. 3

Percentages:	Recoveries
On number admitted	22.36
On average daily population	6.16
On whole number treated	4.77
On number discharged	30.29

SPECIAL TABLE NO. 4

Percentages:	Deaths
On number admitted	29.74
On average daily population	8.47
On whole number treated	6.56
On number discharged	41.67

SPECIAL TABLE NO. 5

Statement of the quantities of staple articles purchased from October 1, 1905,
to September 30, 1906

Wheat flour, barrels	5,171
Meats, fresh, pounds	933,461
Meats, salt, pounds	74,465
Sugar, pounds	235,482
Coffee, pounds	52,714
Tea, pounds	13,627
Butter, pounds	175,280
Eggs, dozens	85,110
Coal, tons	22,907.25

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SPECIAL TABLE NO. 6

Average purchase price and per capita cost of staple articles of consumption
for the year ending September 30, 1906

Meats, fresh, per pound	\$0.0641	\$13.6853
Poultry, per pound . . . . .	.1479	.6695
Wheat flour per barrel	3.9928	4.7257
Butter, per pound . . . . .	.2168	8.6982
Cheese, per pound . . . . .	.111	.8405
Milk, condensed, per quart. . . . .	.1556	7.4057
Milk, cows, per quart . . . . .	.0431	1.451
Eggs, per dozen . . . . .	.1887	3.675
Tea, per pound . . . . .	.1526	.4759
Coffee, per pound . . . . .	.1198	1.4454
Sugar, per pound . . . . .	.0444	2.3919
Liquor, distilled, per gal.	2.576	.0135

SPECIAL TABLE NO. 7

Cost of fuel and light for year ending September 30, 1906

Total annual cost of fuel and light.	\$41,603 58
Annual per capita cost.	9.5225
Number of tons of coal consumed.	22,907.25
Average purchase price	1.7331

FARM AND GARDEN PRODUCTS FOR THE YEAR
ENDING SEPTEMBER 30, 1906

Asparagus, bunches	19,457
Beans, butter, bushels	95½
Beans, string, bushels	532½
Beans, Lima, bushels	274
Beans, wax, bushels	131
Beets, bushels	1,554
Celery, heads	39,033
Celery tops, bushels	24½
Celery, soup, bushels	43
Cabbage, pounds	77,855
Corn, sweet, ears	44,938
Cucumbers, bushels	61½
Corn, fodder, pounds	27,000

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Egg plant, pounds	6,540
Kale, bushels	489
Kohl rabi, bushels	127
Lettuce, bushels	2,230
Leeks, bushels	582½
Mint, bunches	304
Okra, bushels	27
Onions, bushels.	852
Onions, green, bunches	11,309
Parsley, bushels	25½
Rhubarb, bunches	25,092
Radish, bushels	612
Beet greens, bushels	849½
Turnips, bushels	985½
Turnips tops, bushels	162
Cabbage sprouts, barrels	4
Cauliflower, heads	4,143
Carrots, bushels	292
Chard, Swiss, bushels	1,382
Peas, bushels	279½
Spinach, bushels	538½
Peppers, Chili, quarts	505
Peppers, green, bushels	3—32
Squash, pounds	32,555
Tomatoes, bushels	2,503½
Pumpkins, pounds	307
Oyster plant, bushels	100
Parsnips, bushels	2,100
Muskmelons.	4,228
Grapes, pounds	425
Strawberries, quarts	1,889
Cherries, quarts	267
Currants, quarts	24
Blackberries, quarts	32
Raspberries, quarts	6
Pears, bushels	3
Peaches, bushels	22½
Milk, quarts	45,885½
Eggs, dozens	2,060½

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Beef, pounds	4,357
Lamb pounds	229
Mutton, pounds	414

FARM STOCK

Horses.	28
Cows.	20
Bull.	1
Chickens.	400

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	1,778	2,615	4,393
Admitted during year ending Sept. 30, 1906..	396	848	1,244
On original commitments:			
From residences.....	354	785	1,139
By transfers from county houses.....	18	46	64
By transfers from other institutions for insane.....	24	17	41
Total number under treatment during year	2,174	3,463	5,637
Daily average population.....	1,741	2,628	4,369
Capacity of institution.....	1,317	2,167	3,484
Discharged during year:			
As recovered.....	114	155	269
As improved.....	154	256	410
As unimproved.....	55	144	199
As not insane.....	9	1	10
Died.....	167	203	370
Whole number discharged during year.....	499	759	1,258
Remaining October 1, 1906.....	1,675	2,704	4,379

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	1896
Total acreage of grounds and buildings.....	245
Value of real estate, including buildings.....	\$4,163,000 00
Value of personal property.....	277,000 00
Acreage under cultivation	65

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	.....
From State treasury for maintenance on estimates 1 to 12, inclusive.....	\$740,481 46
From private patients	162 25
From reimbursing patients	18,143 79
From all other sources	6,729 54

Total receipts for maintenance.....	\$765,517 04
Total receipts from State Commission in Lunacy for extraordinary improvements	68,350 24
Total receipts from manufacturing fund.....	.....

Disbursements during year for maintenance:

Estimate No. 1 — For officers' salaries	\$38,908 50
Estimate No. 2 — For wages	260,068 32
Estimate No. 3 — For provisions and stores....	268,300 86
Estimate No. 4 — For ordinary repairs.....	32,437 76
Estimate No. 5 — For farm and grounds.....	8,159 57
Estimate No. 6 — For clothing of patients.....	28,450 79
Estimate No. 7 — For furniture and bedding...	21,996 75
Estimate No. 8 — For books and stationery	3,450 24
Estimate No. 9 — For fuel and light.....	41,603 58
Estimate No. 10 — For medical supplies.....	4,636 58
Estimate No. 11 — For miscellaneous expenses..	26,661 27
Estimate No. 12 — For transportation	318 60

Total disbursements, estimates 1 to 12, inclusive	\$734,992 82
Paid deficit for year 1905.....	3,021 50

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 2—(Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$68,350 24
<hr/>	
Total disbursements during year, manufacturing fund:	
Balances October 1, 1906 .....	.....
General maintenance fund	\$4,178 17
Manufacturing fund .....	.....
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	3.2263
<hr/>	
Maximum rate of wages paid attendants:	
Men	\$43 75
Women	37 50
<hr/>	
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
<hr/>	
Proportion of day attendants to average daily population	1 to 12
Proportion of night attendants to average daily population ..	1 to 40.9
Percentage of daily patient population engaged in some kind of useful occupation .....	.789
Estimated value of farm and garden products during year	\$15,411 61
Estimated value of articles made or manufactured by patients during year.....	63,845 20
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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	15	42	57	3	9	12	4
Mental strain, worry and overwork (not included in above)	21	54	75	5	8	13	8
Religious excitement	1	3	4	.....	2	2	1
Love affairs (including seduction)	2	17	19	1	6	7	1
Fright and nervous shock	13	28	41	5	11	16	3
Physical:							
Intemperance	94	101	195	29	23	52	35
Sexual excess	2	.....	2	2	.....	2	.....
Venereal diseases	43	16	59	14	6	20	10
Masturbation	13	.....	13	4	.....	4	1
Sunstroke	1	1	2	.....	.....	.....	.....
Accident or injury	13	6	19	4	3	7	1
Pregnancy	.....	8	8	.....	6	6	1
Parturition and puerperium	.....	30	30	.....	13	13	4
Lactation	.....	2	2	.....	2	2	.....
Change of life	.....	24	24	.....	7	7	3
Fevers	3	1	4	1	1	2	.....
Privation and overwork	10	2	12	1	.....	1	4
Epilepsy	10	14	24	5	2	7	7
Other convulsive disorders	.....	1	1	.....	.....	.....	.....
Diseases of skull and brain	6	4	10	3	1	4	2
Old age	10	68	78	3	7	10	28
Exophthalmic goitre	.....	1	1	.....	.....	.....	.....
Epidemic influenza	.....	1	1	.....	.....	.....	.....
Abuse of drugs	.....	10	10	.....	3	3	3
Loss of special sense	.....	1	1	.....	.....	.....	.....
Uræmic poisoning	1	.....	1	.....	.....	.....	.....
All other bodily disorders and ill health	13	35	48	4	7	11	9
Hereditary	26	46	72	26	46	72	.....
Congenital defect	23	47	70	10	18	28	13
Uncertained	67	284	351	7	55	62	116
Not insane	9	1	10	1	.....	1	.....
Total	396	848	1,244	128	236	364	254

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during
the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	133	74	11
General paralysis.....	119	....	105
Senile insanity.....	94	1	89
Epilepsy with insanity.....	27	3	17
Imbecility, idiocy with insanity.....	11	2	....
Other psychoses.....	844	189	148
*Not insane.....	16	....	....

*Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued

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TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	33	62	95	5	550	955	1,505	41
One to three months.....	14	24	38	27	339	463	802	385
Three to six months.....	9	11	20	36	129	174	303	441
Six to nine months.....	5	7	12	13	59	115	174	269
Nine months to one year.....	4	4	8	8	28	34	62	152
One year to eighteen months.....	5	2	7	6	43	75	118	147
Eighteen months to two years.....	.....	2	2	6	22	15	37	58
Two to three years.....	6	3	9	7	34	50	84	49
Three to four years.....	1	4	5	1	7	26	33	21
Four to five years.....	.....	1	1	2	5	12	17	11
Five to ten years.....	.....	2	2	3	5	29	34	13
Ten to twenty years.....	1	.....	1	.....	3	17	20	3
Unascertained.....	36	33	69	366	451	817
Total.....	114	155	269	114	1,590	2,416	4,006	1,590
								2,416
								4,006

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888.

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				2	1	3
Mumps.....				1	1	2
Influenza.....					31	31
Cerebro-spinal meningitis.....					2	2
Diphtheria.....				7	17	24
Erysipelas.....	1	2	3	42	19	61
Septicemia and pyemia...	1	3	4	1	3	4
Dysentery.....					2	2
Malarial affections.....				1		1
Syphilis.....					4	4
Tuberculosis.....	18	65	83	124	1,039	1,163
Constitutional diseases:						
Rheumatism (or rheumatic affections).....					1	1
Arthritis deformans.....					1	1
Diabetes mellitus and diabetes insipidus.....					1	1
Scurvy, purpura and hæmophilia.....					6	6
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				2	16	18
Diseases of the intestines.....	12	8	20	335	231	566
Diseases of the liver.....	1		1	29	16	45
Diseases of the pancreas.....					17	17
Diseases of the peritoneum.....				14		14
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi.....		7	7	69	45	114
Diseases of the lungs.....	11	20	31	878	393	1,271
Diseases of the pleura.....	1	2	3	11	14	25

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 7—(Continued)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the circulatory system:						
Diseases of the pericardium.....				3	49	52
Diseases of the heart....	9	23	32	381	348	729
Arterio-sclerosis.....	14	27	31	112	65	177
Aneurism.....				5	6	11
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....					4	4
Exophthalmic goitre.....					4	4
Diseases of the genitourinary system.....	6	7	13	322	200	522
Diseases of the nervous system:						
Diseases of the nerves....					12	12
Diseases of the spinal cord	1		1	22	12	34
Diseases of the meninges..	1	2	3	71	20	91
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	4	5	9	211	202	413
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia)....				2	50	52
Epilepsy.....	5	3	8	178	38	216
Mental diseases:						
Exhaustion of acute mental disease.....	2	3	5	214	294	508
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	77	23	100	1,449	264	1,713
The intoxications; heat-stroke; obesity:						
Alcoholism.....					2	2
Metallic poisoning.....				3		3
Heat-stroke.....		2	2	1	3	4
Debility of old age.....				22	266	288
Accident.....	3		3	13	3	16

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Suicide.....				30	6	36
Surgical and gynecological diseases and diseases of the skin.....				4	30	34
Malignant new growths or cancer.....		1	1	20	44	64
Total.....	167	203	370	4,580	3,782	8,362

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	6	18	24	486	435	921
Maternal branch.....	10	34	44	471	645	1,116
Paternal and maternal branches.....		3	3	48	51	99
Collateral branches....	81	97	178	790	1,205	1,995
No hereditary tendency	224	245	469	8,055	8,419	16,474
Unascertained.....	75	451	526	3,504	4,510	8,014
Total.....	396	848	1,244	13,354	15,265	28,619

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	220	344	564	7,112	6,034	13,146
Married.....	138	333	471	5,109	6,182	11,291
Widowed.....	23	129	152	921	2,784	3,705
Divorced.....	1	4	5	33	110	143
Unascertained.....	7	7	14	172	124	296
Separated.....	7	31	38	7	31	38
Total.....	396	848	1,244	13,354	15,265	28,619

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888.

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	.....	3	3	236	42	278
Academic.....	.....	3	3	188	102	290
Common school.....	22	241	263	4,937	3,100	8,037
Read and write.....	128	24	152	5,669	7,214	12,883
Read only.....	.....	27	27	273	593	866
No education.....	107	26	133	1,024	1,993	3,017
Unascertained.....	139	524	663	1,027	2,221	3,248
Total.....	396	848	1,244	13,354	15,265	28,619

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906					SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Under one month.....	16	37	53	19	24	43	640	555	1,195	736
One to three months.....	17	21	38	14	23	37	649	442	1,091	666
Three to six months.....	12	12	24	14	19	33	312	192	504	527
Six to nine months.....	8	8	16	14	11	25	331	183	514	327
Nine months to one year.....	13	21	34	10	11	21	149	115	264	264
One year to eighteen months.....	14	10	24	17	21	38	135	173	308	287
Eighteen months to two years...	13	13	26	16	9	25	361	111	472	373
Two to three years.....	3	6	9	17	22	39	250	198	448	355
Three to four years.....	1	4	5	12	17	29	130	88	218	206
Four to six years.....	6	3	9	12	31	43	144	111	255	246
Six to ten years.....	4	4	8	7	8	15	90	94	184	231
Ten to twenty years.....	3	4	7	8	4	12	90	56	146	232
Twenty years and over.....	3	1	4	7	3	10	40	41	81	69
Unascertained.....	54	59	113	.....	.....	.....	1,259	1,423	2,682	3
Total	167	203	370	167	203	370	4,580	3,782	8,362	4,580
Average duration of insane life (years and tenths).....				4	4.1	4				4.5
										4.6
										4.53

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...						
From 10 to 15 years...		4	4	40	41	81
From 15 to 20 years...	27	55	82	721	841	1,562
From 20 to 25 years...	53	117	170	1,647	1,975	3,622
From 25 to 30 years...	59	122	181	1,924	2,260	4,184
From 30 to 35 years...	60	138	198	2,008	2,197	4,205
From 35 to 40 years...	50	115	165	1,853	1,889	3,742
From 40 to 50 years...	81	135	216	2,598	2,759	5,357
From 50 to 60 years...	41	94	135	1,475	1,650	3,125
From 60 to 70 years...	15	45	60	736	998	1,734
From 70 to 80 years...	7	17	24	249	495	744
From 80 to 90 years...	2	3	5	68	125	193
From 90 to 100 years...		1	1	13	9	22
Over 100 years...					2	2
Unascertained...	1	2	3	22	24	46
Total.....	396	848	1,244	13,354	15,265	28,619

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	9	21	30	130	254	384
From 20 to 30 years...	36	54	90	511	975	1,486
From 30 to 40 years...	29	53	82	477	699	1,176
From 40 to 50 years...	21	20	41	300	327	627
From 50 to 60 years...	13	7	20	113	127	240
From 60 to 70 years...	6		6	53	30	83
From 70 to 80 years...				4		4
From 80 to 90 years...				2		2
Unascertained...					4	4
Total.....	114	155	269	1,590	2,416	4,006

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888.		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years....					5	5
From 15 to 20 years....		1	1	64	82	146
From 20 to 25 years....	7	14	21	194	266	460
From 25 to 30 years....	6	21	27	335	341	676
From 30 to 35 years....	17	18	35	533	387	920
From 35 to 40 years....	23	26	49	689	417	1,106
From 40 to 50 years....	48	44	92	1,134	723	1,857
From 50 to 60 years....	32	25	57	803	583	1,386
From 60 to 70 years....	15	32	47	505	508	1,013
From 70 to 80 years....	16	17	33	240	344	584
From 80 to 90 years....	3	4	7	63	106	169
90 years and over.....		1	1	15	11	26
Unascertained.....				5	9	14
Total.....	167	203	370	4,580	3,782	8,362

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	82	271	353
One to three months.....	45	96	141
Three to six months.....	36	57	93
Six to nine months.....	21	29	50
Nine months to one year.....	19	44	63
One year to eighteen months.....	19	16	35
Eighteen months to two years.....	27	27	54
Two to three years.....	17	26	43
Three to four years.....	6	11	17
Four to five years.....	3	14	17
Five to ten years.....	11	38	49
Ten to fifteen years.....	2	8	10
Fifteen to twenty years.....	2	5	7
Twenty to thirty years.....	1	3	4
Thirty years and upwards.....		1	1
*Not insane.....	9	1	10
Unascertained.....	96	201	297
Total.....	396	848	1,244

* Includes cases of alcoholism, morphia habit, etc.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	9	81	90
One to three months.....	15	93	108
Three to six months.....	54	175	229
Six to nine months.....	84	92	176
Nine months to one year.....	53	157	210
One year to eighteen months.....	112	154	266
Eighteen months to two years.....	122	134	256
Two to three years.....	223	329	552
Three to four years.....	224	282	506
Four to five years.....	150	431	581
Five to ten years.....	274	430	704
Ten to fifteen years.....	154	189	343
Fifteen to twenty years.....	102	88	190
Twenty to thirty years.....	79	53	132
Thirty years and upwards.....	20	16	36
Total.....	1,675	2,704	4,379

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	11	1	12	457	55	512
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	10	.....	10	2,111	38	2,149
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	4	.....	4	242	.....	242
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	57	2	59	2,660	4	2,664
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	57	2	59	2,627	20	2,647
Domestic service:						
Waiters, cooks, servants, etc.	50	660	710	991	9,047	10,038
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	10	21	31	109	2,795	2,904
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.	47	23	70	181	257	438

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	29	64	93	106	1,474	1,580
Miners, seamen, etc.....	5	.....	5	153	.....	153
Prostitutes.....	.....	1	1	.....	25	25
Laborers.....	83	.....	83	2,724	2	2,726
No occupation.....	20	53	73	711	1,299	2,010
Unascertained.....	13	21	34	282	249	531
Total.....	396	848	1,244	13,354	15,265	28,619

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			Since October 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				3		3
Algeria.....				4		4
Armenia.....	2		2	7		7
Austria.....	22	49	71	406	592	998
Australia.....					3	3
Bavaria.....				10	1	11
Belgium.....		1	1	11	11	22
Bohemia.....	3	3	6	77	233	310
British possessions.....				32	1	33
Bulgaria.....				1		1
Canada.....	5	6	11	127	37	164
China.....	2		2	42		42
Cuba.....				8	14	22
Denmark.....		2	2	45	28	73
Egypt.....		1	1	2	1	3
England.....	13	27	40	456	437	893
Finland.....		5	5	22	44	66
France.....	4	12	16	206	167	373
Germany.....	43	75	118	2,240	2,211	4,451
Greece.....	5		5	22		22
Holland.....	1	2	3	32	17	49
Hungary.....	13	37	50	202	317	519
Ireland.....	34	177	211	2,303	4,425	6,728
Italy.....	18	32	50	592	400	992
Japan.....	1		1	7		7
Malta.....				5		5
Mexico.....				4		4
Norway.....	1	6	7	50	30	80
Nova Scotia.....					1	1
Newfoundland.....	1		1	1		1
Palestine.....					1	1
Poland.....	3	12	15	826	54	880
Portugal.....	1		1	1		1
Persia.....	1		1	1		1
Roumania.....	8	3	11	48	67	115
Russia.....	39	71	110	78	923	1,001
Sandwich Islands.....				1		1
Scotland.....	4	5	9	134	111	245
South America.....				8		8
Spain.....	1		1	26		26
Sweden.....	4	6	10	177	190	367

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Switzerland.....	2	5	7	97	116	213
Syria.....	1	.....	1	1	4	5
Turkey.....	1	2	3	27	2	29
United States.....	160	294	454	4,899	4,748	9,647
West Indies.....	2	11	13	57	34	91
Unascertained.....	1	4	5	56	45	101
Total.....	396	848	1,244	13,354	15,265	28,619

Of the total number admitted since the 1st of October, 1888, the parents of 78.37 per cent were both of foreign birth.

In 1.68 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.28 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....	1		1
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	2		2
Erie.....			
Essex.....			
Franklin.....	1		1
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	8	1	9
Lewis.....			
Livingston.....	10		10
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	1		1
New York.....	1,114	14	1,128
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	8		8
Rensselaer.....			
Richmond.....	35		35
Rockland.....			

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 19 — (Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	27		27
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	11		11
Wyoming.....			
Yates.....			
From other states.....	7		7
Unascertained.....	3		3
Soldiers' Home.....	1		1
Total.....	1,229	15	1,244

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES.	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....		1	1			
Allegany.....		1	1			
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....						
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....		1	1			
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	48	8	56	1		1
Lewis.....						
Livingston.....	1	7	8			
Madison.....						
Monroe.....						
Montgomery.....						
Nassau.....						
New York.....	1,449	2,411	3,860	12	2	14
Niagara.....						
Oneida.....						
Onondaga.....						
Ontario.....						
Orange.....						
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....						
Queens.....	4	9	13			
Rensselaer.....						
Richmond.....	27	38	65			

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Rockland						
St. Lawrence						
Saratoga						
Schenectady						
Schoharie						
Schuyler						
Seneca						
Steuben						
Suffolk		4	4			
Sullivan						
Tioga						
Tompkins						
Ulster		2	2			
Warren						
Washington						
Wayne						
Westchester	17	11	28			
Wyoming						
Yates						
Unascertained	116	209	325			
Total	1,662	2,702	4,364	13	2	15

ANNUAL REPORT
OF THE
CENTRAL ISLIP STATE HOSPITAL
AT
CENTRAL ISLIP
TO THE
STATE COMMISSION IN LUNACY
FOR THE YEAR ENDING SEPTEMBER 30, 1906
[1121]

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MRS. AUGUSTUS FLOYDMastic
HENRY H. HOLLISTERIslip
WILLIAM M. V. HOFFMAN.....New York
HUGH KELLYNew York

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GEORGE A. SMITH, M. D.....Central Islip

COUNSEL

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HORATIO G. GIBSON, M. D.....Assistant Physician
ROBERT W. FOWLER, M. D.....Assistant Physician
EDWARD T. MURRAY, M. D.....Assistant Physician
FRANK HINKLEY, M. D.....Assistant Physician
CALVIN B. WEST, M. D.....Assistant Physician
CHARLES L. VAUX, M. D.....Assistant Physician
ABRAHAM BRILL, M. D.....Junior Assistant Physician
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FRANCIS A. TAYLOR, M. D.....Medical Intern
KITTIE R. OWEN, M. D.....Woman Physician

STEWARDS DEPARTMENT

F. A. WHEELER.....Purchasing Steward
W. J. MCKEE.....Resident Steward

REPORT OF BOARD OF MANAGERS

To the State Commission in Lunacy:

Gentlemen — In compliance with section 33, chapter 490, of the Laws of 1905, I forward herewith the annual report of the board of managers of the Central Islip State Hospital, with that of the superintendent and treasurer, for the fiscal year ending September 30, 1906.

The board has held 12 meetings during the year with an average attendance of four. Eleven of these meetings were held at the hospital where a general inspection was made.

There were besides 21 individual visitations including one made at night by our president and Mr. Hoffman, both of whom were much gratified at the discipline and orderliness maintained throughout the buildings and grounds.

Among the recommendations for the coming year we particularly call attention to the necessity for a group for acute and curable cases, capacity 250 — 125 men and 125 women — cost \$200,000. The group now in use for this purpose was intended for the chronic insane and is not up to present requirements for the proper treatment and care of this class of patients. The number of acute admissions during the year just ended was 937 (662 men and 275 women).

The board also repeats its recommendation of last year for a nurses' building, for which \$15,000 was asked. There is no place where the nurses, attendants and employees can go during their recreation hours except to a small neighboring village where they have to meet in stores and saloons. A building should be erected as a nurses' club house where they could spend their evenings in social enjoyment and recreation. It would raise the standard of the employees as well as direct their attention from the temptations of the saloons. Other hospitals have established these clubs with success.

We refer you to the report of the superintendent, which meets with our thorough approval, for the requirements of the forthcoming year in extraordinary improvements.

Respectfully submitted,

JEANNIE F. J. ROBISON

Secretary

**CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT
REPORT OF SUPERINTENDENT**

CENTRAL ISLIP, *October 1, 1906*

HON. JAMES MACGREGOR SMITH, *President Board of Managers:*

Dear Sir — Pursuant to statute I herewith present to your honorable board my report as superintendent and treasurer of the Central Islip State Hospital at Central Islip, for the year ending September 30, 1906.

The movement of patient population during the past year has been as follows:

	Men	Women	Total
Patients in hospital September 30, 1905	2,037	1,515	3,552
Admitted during the year ending September, 1906	683	290	973
<hr/>			
Total number under treatment during the year	2,720	1,805	4,525
Daily average population	2,144	1,514	3,658
<hr/>			
Discharged during the year:			
As recovered	143	67	210
As improved	70	60	130
As unimproved	47	18	65
As not insane (idiots, etc.)	4	1	5
Died	198	124	322
<hr/>			
Whole number discharged during the year	462	270	732
<hr/>			
Remaining in hospital September 30, 1906	2,258	1,535	3,793
<hr/>			
Maximum under care			3,800
Minimum under care			3,549

Percentages

Of those recovered:

To total number of admissions	21.59
To number of new admissions	22.41
To total number of discharged	28.83

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

To number of discharged, exclusive of deaths and transfers	56.60
To daily average population	5.74
To whole number treated	4.64

Of those admitted:

- 10 per cent were of alcoholic forms of insanity;
- 10 per cent were of senile forms of insanity;
- 18 per cent suffered from paresis;
- 61 per cent were foreign born;
- 39 per cent were native born;
- 49 per cent were between the ages of 30 and 50 years;
- 48 per cent were married;
- 47 per cent were single.

Of those discharged as recovered:

- 29 per cent were of alcoholic forms of insanity;
- 47 per cent were between the ages of 35 and 50 years;
- 85 per cent were under treatment less than one year;
- 45 per cent were insane for periods less than one year before admission.

Of those who died:

- 47 per cent were between the ages of 35 and 50 years;
- 40 per cent were between the ages of 50 and 90 years;
- 31 per cent suffered from paresis;
- 5 per cent suffered from alcoholic mental diseases;
- 13 per cent suffered from senile mental diseases.

It will be observed that there were remaining on October 1, 1905, 2,037 men, 1,515 women, making a total of 3,552 patients, showing a net increase at the end of the year of 241.

Of those discharged, 39 were transferred to other institutions for the insane; 53 were aliens and were deported by the State board of alienists; 27 were sent to other states and countries by the State Commission in Lunacy at the expense of the State.

GENERAL DESCRIPTION AND ARRANGEMENT OF THE HOSPITAL

The hospital consists of two colonies, the north and the south. The north colony consists of 21 one-story disconnected buildings, six congregate dining-rooms and one central kitchen; the south

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

colony consists of 23 buildings, with connecting corridors, two congregate dining-rooms and two kitchens.

The hospital was opened in 1889, with three groups of one-story wooden pavilions, connected by open corridors, and a central dining-room for each group. In 1895 additions were made to this colony of three groups of one-story detached brick pavilions—the first group consisting of six pavilions and one congregate dining-room, the second group of three pavilions and one congregate dining-room, the third group of three pavilions and one congregate dining-room. These buildings are all disconnected. There is one large central kitchen for this colony, from which food is distributed to the several dining-rooms, each dining-room being equipped with heated serving tables, also tea and coffee urns.

There is a separate central heating and electric light plant for this entire north colony. There is also a two-story attendants' home connected with this colony, having a capacity for 100 attendants.

In October, 1901, the south colony was completed and opened for reception of patients. It consists of four groups of two-story buildings connected with fire-proof corridors—the first group consisting of five buildings, four pavilions and one central or medical administration building. This group constitutes our acute or receiving service. The first two pavilions are for men, the second two for women patients. The central building of this group is arranged on the first floor with medical offices, a medical library, reception room for visitors, drug room, hydrotherapeutic apparatus, surgical operating room, static and X-ray room, and physiological laboratory. During the past year an addition to the operating room has been completed and will contain a small amphitheatre to accommodate members of the training school during operations, etc. The second floor of the central building is arranged for physicians' quarters. The second story of the corridors connecting the medical administration building with the pavilions on either side are arranged for solaria. The new dining-room for acute patients and employees' building, in the rear of this group, has been completed, and was opened during September, 1906. It contains on the first floor two large dining-rooms, separated by serving-rooms and nurses' dining-room. These dining-rooms are connected by corridors with the men's and women's acute services. The second and third floors are arranged for sleeping quarters for attendants.

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The second group consists of five buildings, used entirely for women; the central building, as in the first group, used for offices, reception room for visitors, and sleeping quarters for physicians who have charge of this group.

These two groups are connected by fire-proof corridors leading to a general bathroom and a congregate dining-room. Connected with this dining-room is a kitchen, serving-room and dining-room for employees.

The third and fourth groups of the south colony are occupied entirely by men and arranged in a similar way, the third group consisting of four buildings and a central building, as in the second group; the fourth group consisting of six and a central building. These groups are connected by corridors with a central congregate dining-room with serving-room and kitchen attached.

The first floors, with corridors, throughout this colony are used for day rooms; the second floors for sleeping quarters. Attendants have their rooms leading off the day rooms of the first floor.

There is a separate heating and electric light plant for this entire south colony.

There is a central administration building for the entire institution situated between the two colonies, one central storeroom situated at the north colony, and one large laundry does the work for the entire institution. There are five miles of railroad track, counting in all switches, which connect with the main railroad, by which supplies are brought into the grounds and distributed, the hospital owning the engine and cars, which distribute all supplies, laundry, etc., by rail to the different centers of the hospital. The distance from the last building of the extreme end of the north colony to that of the south colony is two miles. The entire hospital is equipped with telephone system. The hospital property consists of 1,000 acres, 600 of which are cleared for lawns and cultivation. The certified capacity of the hospital is 3,836 patients.

The water system consists of a series of driven wells, pumped into standpipes and distributed by gravity. There are two systems, one at the north and one at the south colony.

The sewerage system is by broad irrigation, consisting of the collection of sewerage in tanks by gravity, then distributed by pumping through iron pipes, which extend over several acres of property, and by means of hydrants connected with these pipes, 150 feet apart, we govern the distribution over the surfaces,

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changing every day in different hydrants, so as to prevent pooling. Some of these hydrants have hose attached so as to better direct the discharge. There are two systems, one at each colony.

AMUSEMENTS

It is our aim to promote the mental and physical improvement of the patients by the selection of various means of diversion, as follows: Out-door sports, as in former years, such as celebration of May 30th, 4th of July and Labor day, by athletic games and baseball. During the summer months Saturday afternoon is set aside for baseball games; during the winter months weekly dances and entertainments by home and hired talent were given at intervals in the amusement hall. Concerts by the band and orchestra are given twice a week.

The usual semi-military inspection of patients continues to be held Sunday afternoons at four o'clock.

RELIGIOUS SERVICES

Protestant, Roman Catholic, and Jewish services are held weekly.

OCCUPATION

The occupation of the patients in useful and rational employment has been continued as in former years. The opportunities have been numerous and varied. A committee in Pennsylvania last year tabulated the varieties of employment of patients in 42 similar institutions for the insane in the United States. Of the 45 varieties tabulated all but 12 are in use here. The exceptions are printing and the manufacture of certain specialties. The care of the farm and grounds, the kitchens, stores and shops, and miscellaneous departments have given employment to a large percentage of our patients. The kind of employment has been carefully selected by the physicians with a view to the benefit of the individual patient, and has been conducted under the guidance and instruction of the employees and very satisfactory results have been obtained. The following are the different forms of occupation that we have at this hospital in which patients are represented:

Farm	Blacksmith
Garden	Plumber
Roadmaking	Painter
Grounds	Chair caning

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Green houses	Upholstering
Yard	Mattress making
Stables	Broom making
Laundry	Brush making
Sewing room	Carpenter
Tailoring	Tinsmith
Shoemaking	Electric light plants
Kitchen	Coffee and spice
Bakery	Librarian
Butcher shop	Druggist
Engine and coal rooms	Fancy work
Masons	Barber

Domestic work outside of wards.

CHANGES IN MEDICAL STAFF

Dr. Geoffrey C. H. Burns was appointed junior assistant physician February 19, 1906; Dr. Richard H. Shannahan was appointed junior assistant physician on April 18, 1906; Dr. George W. Mills was transferred from Buffalo State Hospital as junior assistant physician on September 15, 1906; Dr. Frederick E. Lettice, junior assistant physician, resigned on January 31, 1906, to accept an appointment in the Indian service; Dr. I. L. Walker, assistant physician, was transferred to Rochester State Hospital on February 28, 1906; Dr. Max Volk, clinical assistant, resigned March 20, 1906, to enter the Lebanon Hospital, New York city, as a member of the hospital staff; Dr. Richard Shannahan resigned July 17, 1906, to accept a position in the municipal service of Worcester, Mass.; Dr. Alice M. F. Leader, women physician, resigned September 10, 1906; Dr. Clarence E. Whitney, junior assistant physician, resigned on September 19, 1906, to enter private practice.

MEDICAL SERVICE

Staff meetings are held twice a week, Monday mornings and Friday afternoons. At times other special meetings are held as necessity may require, for examination of special cases. At the Monday morning meetings matters of interest to the various services are brought to the attention of the superintendent, suggestions for the betterment of the services are freely discussed and problems of administration are brought before the staff for open discussion. On Friday, the meetings are entirely for medical

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discussion; the examination and diagnosing of recent admissions; the examination of all patients recommended for discharge and extracts of interest from the current weekly and monthly medical journals. In the examination of patients and the preparation of the histories for the case books we have followed closely the methods advocated by Dr. Adolf Meyer, of the Pathological Institute. The condition of the hospital as regards contagious and infectious disease has been excellent. Major and minor surgical operations have been performed by the visiting surgeons and members of the staff; the consulting physicians and neurologists have visited the hospital at stated intervals, holding bedside clinics with members of the staff. Dr. A. E. Davis, ophthalmologist, has regularly visited the hospital from two to three times a month. Dr. D. Longnecker, of Islip, N. Y., spends one-half day weekly in looking after the patients' teeth.

On October 26, 1905, the Suffolk County Medical Society met at the hospital. Several members of the staff contributed papers and presented interesting forms of psychoses and neurological diseases.

In addition to the routine clinical and ward work of the various physicians, considerable time has been devoted to pathological and bacteriological work.

Dr. Abraham Brill spent three months at Ward's Island taking a course in neuro-pathology under the instructions of Dr. Meyer, and since his return his experience and work have been a great benefit to the hospital and to the staff. In 37 cases where we were able to obtain consent of relatives autopsies were done.

During the year D-1 was remodeled and thoroughly renovated and converted to the use of a ward for convalescent patients. In this ward we have endeavored to remove, so far as possible, every feature that savors of a hospital. The doors are practically without locks and the windows are arranged so as to be raised or lowered to the full extent at any time. This ward, which we have named "The Pines," has a capacity of 50, and is in charge of one attendant only.

The two dining-rooms for the acute cases of group G have been occupied and a special diet for this service inaugurated. By this arrangement the acute and curable cases are separated from association with chronic-disturbed cases in the large general dining-room. We already notice the benefits derived from this manner

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of classification. The dining-room service is made more attractive and patients are not disturbed or their attention called from their services by the noise and disorder of the patients of the disturbed class, as was the case in the large dining-room.

A new infirmary for feeble and decrepit chronic cases has been opened in the large hall over the south end of the dining-room I-K. This ward has a capacity of 60, and to it are sent those chronic cases requiring bed treatment. A large dumb-waiter was installed which makes it possible to receive diet, etc., directly from the kitchen.

The operating-room has been enlarged by the addition of an amphitheatre large enough to seat the senior class of the training school.

One thousand four hundred and twelve specimens of urine were examined in the laboratory chemically and microscopically, with the following results:

Albumen in 138 cases; glucose in 42 cases; blood in abnormal amounts in 110 cases; indican in abnormal amounts in 607 cases.

Microscopically it was found that of the 138 cases that showed albumen, 78 showed hyaline, granular and fatty casts; 24 showed some hyaline and granular casts, and 36 showed hyaline and epithelial casts.

Sputum examination was done on all suspected cases and weekly sputum examinations of all patients in the tubercular ward. Tubercle bacilli were found in 65 cases only.

Postem examinations were made whenever possible and specimens of all are kept for future pathological study.

Ninety per cent of cases examined showed arterial fibrosis.

Forty-three per cent of cases examined showed chronic endocarditis.

Fifty-seven per cent showed tubercular lesions.

TRAINING SCHOOL FOR NURSES

As required by statute our training school for nurses has continued to be maintained. The course began with 19 seniors and 28 juniors, and on the final examination for the seniors all qualified. The graduating exercises will be held in the amusement hall on October 19th.

VISITORS

During the year the State Commission in Lunacy and the medical inspector have visited us in their official capacity on

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several occasions. Your board has held regular monthly meetings at the hospital, and on numerous occasions have as individual members inspected every department of the institution and premises.

Members of the staff of consulting physicians and surgeons have called whenever occasions required their services.

During the year we have been honored with visits from John H. Vail, of the State Board of Charities; Mrs. Stewart, of the board of managers of the Willard State Hospital; Dr. Whitman V. White, of the board of managers of the Manhattan State Hospital; Dr. Fritz Eugene Hoppe, of Allenberg, Germany; Captain Baxter, of Steamship Caledonia; G. L. Heins, Alexander E. Orr, Otto Kelsey, H. H. Bender; also the board of managers of the New Jersey State Hospital at Morris Plains, N. J.

IMPROVEMENTS, ETC.

The improvements of special note made during the year are as follows:

Convalescent Hall

The old amusement hall in one of the buildings of group D was remodeled and equipped for the reception of convalescent patients, with a capacity of 60.

Infirmary

The large hall over the southern portion of the dining-room of groups I and K, formerly used as a chapel for the patients of the south colony, was converted to the use of an infirmary for feeble and decrepit patients requiring bed treatment.

A large dumb waiter was installed which conveys food, etc., direct from the kitchen.

Attendants' Home and Dining-room for Patients

The new attendants' home and dining-room for acute cases has been completed and occupied. This building is directly in the rear of group G and houses 80 attendants.

Illumination of Grounds

By the installation of a system of 52 arc lights the grounds are now amply illuminated after sundown.

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Wiring Groups A, B and C

Groups A, B and C have been entirely rewired for electric lighting and the wires placed in iron conduits.

Telephones

The telephone system at the north colony has been entirely renewed.

Bone Mill

A building was erected and machinery installed, including a boiler, for grinding bone for making fertilizer.

Cement Walks

Cement walks from the wards of group D to the dining-room have been completed and a walk from the entrances to the grounds to the north to the administration building is nearing completion.

Grading

The work of grading lawns, making and constructing new roads and walks about the administration building and south colony has made satisfactory progress.

Athletic Grounds

Additional seating capacity for 500 patients was made to the grand stand on the athletic grounds.

Trees and Shrubbery

Five hundred shade trees and a quantity of miscellaneous shrubbery were planted about the roads and lawns.

New Bathtubs

Groups A, B and C were fitted out with bathtubs of modern type, replacing the old ones.

Water Supply

A new water supply system at the north colony, consisting of 24 4-inch driven wells and two pumps with fire pressure connections, was installed and placed in commission.

Storehouse

A frame building was erected for storing cement, lime and farm tools.

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Steam Conduit

A new conduit for the steam pipes from the power house to the sewage pump at the south colony was installed and completed.

Operating Room

The surgical and operating room has been enlarged by the addition of an amphitheatre.

Tiling

The corridors leading to the storerooms of kitchens 2 and 3 have been tiled, replacing the floors.

Silo

A new silo was erected close to the old one near the cow barns.

Mat Shop

This building has been entirely renovated and repaired with new brick foundations for verandas, etc.

EXTRAORDINARY IMPROVEMENTS, WITH RECOMMENDATIONS AND APPROXIMATE COSTS, FOR THE ENSUING FISCAL YEAR

Group for acute and curable cases..... \$200,000 00

This building should have a capacity for 250 patients, 125 men and 125 women. The group now in use for this purpose was built for chronic insane and is not up to the present requirements for the modern, proper treatment of this class of patients. This hospital receives between 900 and 1,000 acute patients a year. We could suggest that this group be arranged in cottages for the proper classification of the patients, as suggested by the superintendent in the plans submitted by him at the conference for superintendents last winter.

Attendants' home, capacity 200..... \$100,000 00

At the present time there is one attendants' home at the north colony, capacity 100; at the south colony we have two floors over the new dining-room, capacity 80; we should have another building with a capacity of 200 at the south colony, as the remaining employees and attendants have to live in rooms off the wards

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which should be used for patients. With 536 employees, which will be increased during the coming year, the necessity for such a building is apparent. The central portion of this building could be arranged for purpose of recreation rooms for the employees, where they could meet after hours, as there is no place where the nurses, attendants and employees can go for social enjoyment. It would raise the standard of the employees as well as divert their attention from the temptation of the saloons.

Two horizontal tubular boilers, 100 horsepower,
installed complete, to replace boilers 3 and
4, north colony power plant..... \$4,900 00

These boilers have been in use for over 15 years and are very much pitted. The inspector for the insurance company states that they are condemnable after this winter.

Alternating electric current generator, 120 K. W.,
revolving field type, single phase, with special
windings to give either 1,100 or 2,200 volts,
direct connected to a 19" x 16" Ball & Wood
engine, complete \$6,200 00

The present plant at the north colony is run to its extreme capacity. But 96 amperes can be generated at the most and when all the lights are on 92 amperes are required. In case of a breakdown of any of the engines it means that the outside lights and part of the inside lights have to be turned off. This engine asked for will take the place of one of the smaller engines, and, with the remaining two, the hospital would at all times be able to meet any emergency and in the meantime not be overloading the plant.

Painting the interior of groups G and H, including
all woodwork, doors, etc. \$1,400 00

This refers to two of the new groups at the south colony which have never been painted, as it was not called for in the contract when they were erected.

Addition to flour storage room of bakery, 24 x 57.. \$1,720 00

This is very necessary as there is not sufficient storage room in our bakery to carry a very large supply of flour. By this addition the hospital can take advantage of reduced prices in flour to purchase a large stock.

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Storage and feed barn, with root cellar, 36 x 70... \$1,640 00

There are no barns at the hospital, only sheds, neither is there a cellar on the grounds that is suitable for the storage of vegetables on account of the heat from steam pipes that run through them for buildings overhead, and with the extension of the farm the necessity of a proper cellar for the storage of vegetables is apparent. This would be a combination building.

Railroad locomotive \$6,500 00

The locomotive in use at present was bought from the Long Island Railroad Company at second hand, for \$2,500. It is in constant need of repairs, and it will not be long before it will have to be put entirely out of commission.

Cement or tile floor in corridor connecting wards

2 and 3, group I. \$4,300 00

The sanitary flooring in this group never was a success. It has broken up and cracked throughout the entire corridors and we would recommend that it be replaced by tile. This matter is urgent.

Extension to henery \$500 00

Our present building accommodation is insufficient to house the number of fowls we now have, and the number we would like to keep to meet the requirements of our increased population.

Fly screens, window and door, full size, for first floor, south colony, and dining rooms at the north colony \$4,376 50

All of the pavilions have been provided with screens with the exception of the above, with great comfort to the patients.

Twelve washing machines in laundry. \$6,000 00

These 12 machines are to replace 12 old ones in the laundry at this institution which are beyond repair.

Cement walks \$1,000 00

For continuation of cement walks that were started three years ago.

Carpenter shop, 24 x 80 \$3,000 00

The present shop was built as a temporary structure of light timber. It has been in use several years and has served its pur-

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pose well, but is fast going to pieces and has to be braced up by beams to keep it from falling down. A stronger and more substantial building is needed as a permanent structure. It can be well understood the importance of this shop for an institution of this magnitude to properly and economically keep up the repairs.

Machine shop, 20 x 40 \$450 00

The present machine shop encroaches on the dynamo room at the south colony and there is not sufficient room to cut pipes or care for the tools. The importance of this, for an institution of this size, can be well understood.

Glass enclosures for the verandas at the south colony for the winter month..... \$4,000 00

Last year we were allowed an appropriation for enlarging these verandas. Now we ask that they be enclosed with glass so that patients can sit out during the winter months with protection from the cold weather.

ACKNOWLEDGMENTS

For a generous supply of reading matter, consisting of books, papers, magazines and other literature, sent to us during the year for our wards, and which has been greatly enjoyed by our patients, I have to thank Rev. R. L. Brydges, J. J. Carroll and Mrs. and Mr. H. H. Hollister, of Islip; Rev. James E. Bobier, of Brooklyn; Rev. A. Blum and J. Friedman, of New York city; Hon. Henry Reeves, of Greenport, for weekly copies of the Republican Watchman, H. H. Hall, of Brentwood, for weekly copies of the Islip Herald; and the publishers of Forward, Der Amerikener and Der Zeit Geist, three papers printed in Hebrew, for 10 copies of each, which come to us daily.

To the officers and employees who have so faithfully and loyally assisted me in my duties, I am indebted for any success that has been attained.

In conclusion, I desire to express my thanks to the individual members of the State Commission in Lunacy and to your Honorable Board for the continued confidence, support and assistance in the management of this hospital for the year just closed.

Respectfully submitted,

G. A. SMITH

Superintendent

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TREASURER'S REPORT

CENTRAL ISLIP, N. Y., *October 1, 1906**State Commission in Lunacy, Albany, N. Y.:*

Gentlemen — I beg to submit my report as treasurer for the year ending September 30, 1906:

GENERAL FUND

Receipts

Balance on hand October 1, 1905.....	\$5,606 56
From State comptroller for maintenance, estimates 1 to 12, inclusive.....	583,700 00
From reimbursing patients	11,939 50
From all other sources.....	1,714 93
Total	\$602,960 99

Expenditures

Estimate No. 1, officers' salaries	\$24,455 02
Estimate No. 2, wages	185,613 76
Estimate No. 3, provisions and stores	201,806 21
Estimate No. 4, ordinary repairs	14,831 91
Estimate No. 5, farm and grounds	11,007 75
Estimate No. 6, clothing	26,831 03
Estimate No. 7, furniture and bedding	13,143 64
Estimate No. 8, books and stationery	2,500 13
Estimate No. 9, fuel and light	81,478 08
Estimate No. 10, medical supplies	3,363 86
Estimate No. 11, miscellaneous expenses	19,537 72
Estimate No. 12, transportation of patients	2,496 68
Remitted to State treasurer.....	12,862 63
Balance on hand	3,032 57
Total	\$602,960 99

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SPECIAL FUND*Receipts*

Total receipts from State Commission in Lunacy for extraordinary improvements during the year:	
Under chapter 635, Laws of 1904	\$47,250 44
Under chapter 700, Laws of 1905	394 89
Under chapter 702, Laws of 1905	36,131 02
Under chapter 686, Laws of 1906	805 53
Total	<u>\$84,581 88</u>

Expenditures

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	<u>\$84,581 88</u>
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Very respectfully

G. A. SMITH
Treasurer

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SPECIAL TABLES

SPECIAL TABLE No. 1

Medical service, October 1, 1905, to September 30, 1906

Ratio of physicians to patients.....	1 to 228
Annual per capita cost of medical service.....	\$6.275

SPECIAL TABLE No. 2

Employees, October 1, 1905, to September 30, 1906

Total number of employees.....	528
Ratio of employees to patients.....	1 to 6.928
Ratio of attendants to patients.....	1 to 11.255
Per capita cost of all employees.....	50.7418

SPECIAL TABLE No. 3

Recoveries, October 1, 1905, to September 30, 1906

Percentage:

On average daily population.....	5.74
On whole number treated.....	4.64
On number discharged (exclusive of transfers)..	30.30
On number admitted (exclusive of transfers)....	22.41

SPECIAL TABLE No. 4

Deaths, October 1, 1905, to September 30, 1906

Percentage:

On average daily population.....	8.80
On whole number treated.....	7.11
On number discharged (exclusive of transfers)..	46.46
On number admitted (exclusive of transfers).....	34.36

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SPECIAL TABLE No. 5

October 1, 1905, to September 30, 1906

Article	Total quantity	Total cost
Flour, barrels.....	4,929 116/196	\$18,966 76
Meats, fresh, pounds.....	698,652	42,261 71
Poultry, pounds.....	6,791	1,103 44
Sugar, pounds.....	189,239	8,399 41
Coffee, pounds.....	43,966	5,191 70
Tea, pounds.....	11,052	1,671 67
Butter, pounds.....	135,555	28,883 09
Eggs, dozens.....	61,170	11,828 63
Cheese, pounds.....	26,501	3,223 39
Milk, condensed, quarts.....	190,280	31,517 00
Liquors, distilled, gallons....	175	332 50 •
Coal, tons.....	24,013 1560/2240	80,596 50

SPECIAL TABLE No. 6

October 1, 1905, to September 30, 1906

Article	Average piece	Per capita cost
Flour, per barrel	3.8475	\$5.1850
Meat, fresh, per pound.....	.0605	11.5532
Poultry, per pound.....	.1625	.3016
Sugar, per 100 pounds	4.44	2.2962
Coffee, per pound.....	.1180	1.4192
Tea, per pound.....	.1512	.4569
Butter, per pound.....	.213	7.8958
Eggs, per dozen.....	.177	3.2336
Cheese, per pound.....	.1217	.8811
Milk, condensed, per quart.....	.1656	8.6159
Liquors, distilled, per gallon.....	1.90	.0909

SPECIAL TABLE No. 7

Fuel and light, October 1, 1905, to September 30, 1906

Coal, total annual cost	\$80,596.50
Annual per capita cost.....	22.0329
Number of tons consumed.....	24,013 1560/2240
Average price per ton.....	3.3562

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STATEMENT SHOWING THE KINDS AND QUANTITIES OF FARM PRODUCE, INCLUDING VEGETABLES, FRUITS, ETC., RAISED AND CONSUMED DURING THE YEAR ENDING SEPTEMBER 30, 1906, WITH THE ESTIMATED VALUE OF EACH

Article	Quantity	Value
Asparagus.	5,178 bunches.	\$362 46
Beets.	425 30/32 bushels.	127 78
Beans, string.	670 bushels.	335 00
Beans, lima.	43½ bushels.	32 63
Cabbage.	88,421 lbs.	442 11
Carrots.	333 19/32 bushels.	100 08
Cauliflower.	58 heads.	3 48
Chard Swiss.	201 bushels.	40 20
Celery.	7,296 heads.	218 88
Celery tops.	4 bushels.	80
Corn, sweet.	27,260 ears.	204 45
Corn, shelled.	142 bushels.	71 00
Corn, fodder.	27 tons.	81 00
Cucumbers.	85 bushels.	42 50
Cucumbers (for pickles).	7,405.	55 54
Ensilage.	75 tons.	262 50
Egg plant.	903 lbs.	27 09
Kale, Scotch.	23 bushels.	11 50
Leeks	7,851 bunches.	235 53
Leeks.	2 18/32 bushels.	77
Lettuce.	780 bushels.	312 00
Okra.	6 14/32 bushels.	4 83
Onions.	435 3/32 bushels.	261 06
Onions, green.	3,173 bunches.	63 46
Oyster plants.	17 6/32 bushels.	8 59
Parsnips.	400¼ bushels.	160 10
Parsley.	11 1/16 bushels.	5 53
Peas, green.	120 31/32 bushels.	90 73
Potatoes, white.	6,101 bushels.	3,050 50
Potatoes, sweet.	33 barrels.	57 75
Peppers, green.	23 bushels.	17 25
Peppers, red.	120 dozen.	3 60

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Pumpkins	8,992 lbs.	\$22 48
Radish	6,204 bunches	248 16
Radish	3 25/32 bushels	2 84
Rhubarb	10,412 bunches	520 60
Sauerkraut	66 barrels	412 50
Spinach	185 bushels	46 25
Squash	8,817 lbs.	88 17
Tomatoes, ripe	740 1/8 bushels	296 05
Turnips	2,713 bushels	678 25
Straw, rye	19 1385/2000 tons	256 00
Hay	3 1/2 tons	31 50
		<hr/>
		\$9,293 50
		<hr/>

Fruits and Berries

Apples	71 bushels	\$28 40
Apples, crab	15 bushels	11 25
Blackberries	154 quarts	10 78
Currants	440 quarts	26 40
Gooseberries	4 quarts	24
Raspberries, red	495 quarts	39 60
Strawberries	4,666 quarts	373 28
Pears	10 1/2 bushels	9 50
Peaches	2 bushels	70
Melons, musk	3,657	182 85
Melons, water	744	74 40
Quinces	1 1/2 bushel	38
		<hr/>
		\$757 78
		<hr/>

Meats and Sundries

Beef	450 lbs.	\$29 90
Mutton	534 lbs.	37 38
Lamb	139 lbs.	13 90
Chicken	1,772 lbs.	265 80
Duck	316 1/2 lbs.	47 48
Pork fresh	41,122 lbs.	3,084 15
Eggs	3,310 1/3 dozens.	673 03

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Milk, cow's	41,385 quarts	\$1,345 01
Lard	4,547 lbs.	363 76

\$5,860 41

Farinaceous Foods

Article	Quantity	Value
Buckwheat, 8 bushels		\$4 80
Flour, rye, 44 182/196 barrels.		154 25
Wheat, 84 bushels		67 20

\$226 25

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	2,037	1,515	3,552
Admitted during year ending September 30, 1906.....	683	290	973
On original commitments:			
From residences.....	656	274	930
By transfers from company's houses.....	6	1	7
By transfers from other institutions for insane.....	21	15	36
Total number under treatment during year...	2,720	1,805	4,525
Daily average population.....	2,144	1,514	3,658
Capacity of institution.....	2,394	1,442	3,836
Discharged during the year:			
As recovered.....	143	67	210
As improved.....	70	60	130
As unimproved.....	47	18	65
As not insane.....	4	1	5
Died.....	198	124	322
Whole number discharged during year.....	462	270	732
Remaining October 1, 1906.....	2,258	1,535	3,793

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening.....	May, 1889
Total acreage of grounds and buildings.....	1,000
Value of real estate, including buildings.....	\$2,080,325 05
Value of personal property.....	235,000 00
Acreage under cultivation.....	264

Receipts during year, maintenance fund:

Balance on hand October 1, 1905.....	\$5,606 56
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	583,700 00
From reimbursing patients.....	11,939 50
From all other sources.....	1,714 93

Total receipts for maintenance.....	\$602,960 99
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$84,581 88
--	-------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$24,455 02
Estimate No. 2. For wages	185,613 76
Estimate No. 3. For provisions and stores...	201,806 21
Estimate No. 4. For ordinary repairs.....	14,831 91
Estimate No. 5. For farm and grounds.....	11,007 75
Estimate No. 6. For clothing of patients....	26,831 03
Estimate No. 7. For furniture and bedding..	13,143 64
Estimate No. 8. For books and stationery...	2,500 13
Estimate No. 9. For fuel and light.....	81,478 08
Estimate No. 10. For medical supplies.....	3,363 86
Estimate No. 11. For miscellaneous expenses..	19,537 72
Estimate No. 12. For transportation	2,496 68

Total disbursements, estimates 1 to 12 inclusive.....	\$587,065 79
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CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$84,581 88
Paid to State treasurer sundry receipts.....	\$12,862 63
Balances October 1, 1906:	
General maintenance fund.....	\$3,032 57
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3.0778
Maximum rate of wages paid attendants:	
Men	\$495 00
Women	420 00
Minimum rate of wages paid attendants:	
Men	264 00
Women	192 00
Proportion of day attendants to average daily population	325 to 3,658
Proportion of night attendants to average daily population	53 to 3,658
Percentage of daily patient population engaged in some kind of useful occupation	68
Estimated value of farm and garden products during year	\$16,137 94
Estimated value of articles made or manufactured by patients during year	29,655 74

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned cause of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION			Un-ascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	2	6	8	....	....	....	....
Mental strain, worry and overwork (not included in above)	7	2	9	1	2	3	1
Religious excitement	1	....	1	....	....	....	....
Love affairs (including seduction) . . . . .	....	3	3	....	....	....	1
Fright and nervous shock . . . .	....	5	5	....	....	....	....
Physical:							
Intemperance	89	11	100	5	2	7	18
Venereal diseases	23	....	23	3	....	3	2
Masturbation	7	....	7	2	....	2	2
Sunstroke . . . . .	....	1	1	....	....	....	....
Accident or injury	9	1	10	1	....	1	2
Pregnancy . . . . .	....	3	3	....	1	1	....
Parturition and puerperium . . . . .	....	6	6	....	1	1	....
Change of life . . . . .	....	1	1	....	....	....	....
Fevers	2	....	2	....	....	....	....
Privation and overwork	3	....	3	....	....	....	....
Epilepsy	10	3	13	3	....	3	2
Diseases of skull and brain . .	1	1	2	....	....	....	....
Old age	11	10	21	....	....	....	....
Epidemic influenza	1	1	2	....	1	1	....
Abuse of drugs	2	....	2	....	....	....	....
All other bodily disorders and ill health	5	2	7	....	1	1	5
Hereditary	15	7	22	11	7	18	....
Congenital defect	1	....	1	....	....	....	....
Unascertained	494	227	721	51	36	87	158
Total	683	290	973	77	51	128	191

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	95	60	14
General paralysis.....	176	.....	103
Senile insanity.....	71	.....	41
Epilepsy with insanity.....	23	2	13
Imbecility, idiocy with insanity.....	16	3	2
Other psychoses.....	587	145	149
Not insane*.....	5	.....	.....

* Includes cases of alcoholism, drug habit, etc.

TABLE No. 5

Temporarily discontinued.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			Total	DURATION PREVIOUS TO ADMISSION			Total				
	Men	Women	Men		Women	Men	Women					
Under one month.....	32	16	48	7	1	8	110	71	181	24	2	26
One to three months.....	15	7	22	42	18	60	74	28	102	92	49	141
Three to six months.....	4	5	9	38	22	60	32	16	48	94	77	171
Six to nine months.....	9	.....	9	25	11	36	27	7	34	78	35	113
Nine months to one year.....	5	1	6	12	3	15	13	5	18	41	14	55
One year to eighteen months.....	7	4	11	3	4	7	16	11	27	43	11	54
Eighteen months to two years.....	.....	.....	.....	5	5	10	2	2	4	21	9	30
Two to three years.....	2	1	3	4	2	6	14	9	23	23	5	28
Three to four years.....	2	.....	2	4	1	5	9	.....	9	4	1	5
Four to five years.....	.....	.....	.....	1	.....	1	.....	.....	.....	20	1	21
Five to ten years.....	4	.....	4	2	.....	2	12	4	16	14	1	15
Ten to twenty years.....	1	.....	1	.....	.....	.....	3	1	4	3	.....	3
Unascertained.....	62	33	95	.....	.....	.....	145	51	196	.....	.....	.....
Total.....	143	67	210	143	67	210	457	205	662	457	205	662

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				5		5
Small pox.....				2		2
Diphtheria.....					1	1
Erysipelas.....				3		3
Septicemia and pyemia.....	1	4	5	4	5	9
Dysentery.....		1	1	3	3	6
Syphilis.....				3	1	4
Tuberculosis.....	16	31	47	160	143	303
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....	1		1	4		4
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				1		1
Diseases of the stomach.....	2		2	5	2	7
Diseases of the intestines.....	3	2	5	39	25	64
Diseases of the liver.....				9	5	14
Diseases of the pancreas.....				1	6	7
Diseases of the peritoneum.....	1		1	1		1
Diseases of the respiratory system:						
Diseases of the bronchi.....		1	1	3	2	5
Diseases of the lungs.....	29	12	41	94	42	136
Diseases of the pleura.....		1	1		1	1
Diseases of the circulatory system:						
Diseases of the pericardium.....	1	1	2	1	3	4
Diseases of the heart.....	29	29	58	169	104	273
Arterio-sclerosis.....	8	5	13	9	7	16
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukæmia.....					2	2
Hodgkin's disease, Addison's disease and myxœdema.....					1	1
Diseases of the genitourinary system.....	5	11	16	43	20	73

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the nerves.....		1	1	1	2	3
Diseases of the spinal cord.....	1	.....	1	1	2	3
Diseases of the meninges.....	1	.....	1	5	6	11
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	6	5	11	54	42	96
Epilepsy.....	3	2	5	18	16	34
Mental diseases:						
Exhaustion of acute mental disease.....	12	4	16	33	15	48
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	76	11	87	207	25	232
The intoxications; heat-stroke; obesity:						
Heat-stroke.....				2	.....	2
Debility of old age.....				8	6	14
Accident.....				8	.....	8
Suicide.....	1	.....	1	4	.....	4
Surgical and gynecological diseases and diseases of the skin.....		2	2	7	3	10
Malignant new growths or cancer.....	2	1	3	14	20	34
Total.....	198	124	322	921	520	1,441

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	15	10	25	68	54	122
Maternal branch.....	13	9	22	65	69	134
Paternal and maternal branches.....		1	1	11	7	18
Collateral branches....	54	33	87	123	119	242
No hereditary tendency	452	180	632	869	544	1,413
Unascertained.....	149	57	206	498	305	803
Total.....	683	290	973	1,634	1,098	2,732

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	358	117	475	1,813	933	2,746
Married.....	273	126	399	1,031	836	1,867
Widowed.....	36	46	82	188	310	498
Divorced.....	4	.....	4	14	13	27
Unascertained.....	12	1	13	228	38	266
Total.....	683	290	973	3,274	2,130	5,404

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	1	.....	1	9	5	14
Academic.....	.....	1	1	4	26	30
Common school.....	6	78	84	751	335	1,086
Read and write.....	141	3	144	670	299	969
Read only.....	.....	2	2	5	40	45
No education.....	183	1	184	308	71	379
Unascertained.....	352	205	557	1,527	1,354	2,881
Total.....	683	290	973	3,274	2,130	5,404

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			Total	DURATION PREVIOUS TO ADMISSION			Total		
	Men	Women	Total		Men	Women	Total			
Under one month.....	13	23	36	28	51	54	105	84	59	143
One to three months.....	20	15	35	39	11	50	66	97	31	100
Three to six months.....	13	4	17	21	7	28	41	53	28	88
Six to nine months.....	16	5	21	12	4	16	36	53	11	51
Nine months to one year.....	6	2	8	8	3	11	24	30	28	35
One year to eighteen months.....	13	7	20	13	9	22	40	65	27	91
Eighteen months to two years.....	1	2	3	5	9	14	10	13	21	41
Two to three years.....	6	6	12	7	4	11	32	49	53	83
Three to four years.....	6	3	9	2	5	7	23	36	31	68
Four to six years.....	3	6	9	10	9	19	15	36	64	115
Six to ten years.....	2	3	5	15	16	31	6	17	86	206
Ten to twenty years.....	5	2	7	24	21	45	12	19	101	287
Twenty years and over.....	.....	1	1	14	3	17	2	8	31	134
Unascertained.....	94	45	139	.....	.....	567	284	851	.....	.....
Total.....	198	124	322	198	124	322	928	514	1,442	1,442
Average duration of insane life (years and tenths).....				5.6				7.7	6.9	7.3

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years...	.....	.....	.....	1	.....	1
From 10 to 15 years...	2	.....	2	10	.....	10
From 15 to 20 years...	57	31	88	191	131	322
From 20 to 25 years...	87	34	121	450	248	698
From 25 to 30 years...	92	49	141	492	347	839
From 30 to 35 years...	103	32	135	525	323	848
From 35 to 40 years...	102	48	150	483	291	774
From 40 to 50 years...	137	53	190	607	369	976
From 50 to 60 years...	61	23	84	308	234	542
From 60 to 70 years...	30	11	41	143	116	259
From 70 to 80 years...	7	6	13	38	54	92
From 80 to 90 years...	.....	1	1	9	11	20
Unascertained.....	5	2	7	12	6	18
Total.....	683	290	973	3,269	2,130	5,399

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30. 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	17	10	27	40	20	60
From 20 to 30 years...	41	22	63	142	75	217
From 30 to 40 years...	45	16	61	132	53	185
From 40 to 50 years...	22	16	38	85	39	124
From 50 to 60 years...	12	2	14	41	10	51
From 60 to 70 years...	4	1	5	10	6	16
From 70 to 80 years...	1	.....	1	1	.....	1
Unascertained.....	1	.....	1	4	.....	4
Total.....	143	67	210	455	203	658

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1,* 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years....		4	4	7	11	18
From 20 to 25 years....	4	5	9	23	16	39
From 25 to 30 years....	10	11	21	43	29	72
From 30 to 35 years....	23	15	38	88	56	144
From 35 to 40 years....	25	8	33	124	48	172
From 40 to 50 years....	56	26	82	251	106	357
From 50 to 60 years....	32	18	50	181	104	285
From 60 to 70 years....	30	15	45	119	62	181
From 70 to 80 years....	11	17	28	64	50	114
From 80 to 90 years....	4	1	5	16	19	35
From 90 to 100 years..	.....	2	2	1	6	7
Unascertained.....	3	2	5	11	7	18
Total.....	198	124	322	928	514	1,442

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	101	66	167
One to three months.....	73	34	107
Three to six months.....	63	25	88
Six to nine months.....	46	12	58
Nine months to one year.....	12	6	18
One year to eighteen months.....	60	15	75
Eighteen months to two years.....	14	3	17
Two to three years.....	35	15	50
Three to four years.....	21	4	25
Four to five years.....	11	2	13
Five to ten years.....	11	8	19
Ten to fifteen years.....	6	2	8
Fifteen to twenty years.....	4	1	5
Twenty to thirty years.....	1	1	2
Thirty years and upwards.....	1	.....	1
Not insane*.....	4	1	5
Unascertained.....	220	95	315
Total.....	683	290	973

*Includes cases of alcoholism, morphia habit, etc.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	61	5	66
One to three months	98	32	130
Three to six months	56	27	83
Six to nine months	65	49	114
Nine months to one year	27	18	45
One year to eighteen months	132	138	270
Eighteen months to two years	272	201	413
Two to three years	227	152	379
Three to four years	146	103	249
Four to five years	123	78	201
Five to ten years	468	324	792
Ten to fifteen years	316	208	524
Fifteen to twenty years	219	135	354
Twenty to thirty years	106	64	170
Thirty years and upwards	2	1	3
Total	2,258	1,535	3,793

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	15	.....	15	47	2	49
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	111	.....	111	566	.....	566
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	41	.....	41	136	.....	136
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc. . . .	135	.....	135	468	.....	468
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc. . . .	101	.....	101	447	7	454
Domestic service:						
Waiters, cooks, servants, etc.	4	80	84	298	862	1,160
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	3	144	147	33	753	786
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc. . . . .	.....	8	8	15	52	67

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		26	26	36	175	211
Miners, seamen, etc.....	10		10	76		76
Laborers.....	199		199	802		802
No occupation.....	53	30	83	174	230	404
Unascertained.....	11	2	13	176	49	225
Total.....	683	290	973	3,274	2,130	5,404

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algeria.....				1	1	2
Armenia.....				3		3
Austria.....	25	19	44	104	92	196
Bavaria.....	2		2	3		3
Belgium.....					1	1
Bohemia.....	3	2	5	20	10	30
Canada.....	9	2	11	34	16	50
Central America.....				2		2
China.....	1		1	11		11
Cuba.....	1		1	9	5	14
Denmark.....	1		1	9	5	14
Egypt.....				1		1
England.....	11	9	20	83	60	143
Finland.....	1	5	6	9	15	24
France.....	7	2	9	28	16	44
Germany.....	84	26	110	399	257	656
Greece.....	3		3	10		10
Holland.....	1	1	2	4	3	7
Hungary.....	15	10	25	38	27	65
Ireland.....	82	49	131	440	494	934
Italy.....	52	8	60	175	40	215
Montenegro.....				1		1
Norway.....	4	1	5	11	6	17
Persia.....				1		1
Peru.....				1		1
Poland.....	9	4	13	21	7	28
Porto Rico.....	1	1	2	3	1	4
Roumania.....	7	2	9	19	8	27
Russia.....	63	26	89	237	158	395
Scotland.....	6	7	7	27	12	39
Spain.....	2		2	4	2	6
Sweden.....	9	5	14	48	36	84
Switzerland.....	3	2	5	21	11	32
Syria.....	2		2	5		5
Turkey.....	1		1	6	1	7
Unascertained.....	6	6	12	211	93	304
United States.....	262	107	369	1,250	749	1,999
Wales.....	1		1	4		4
West Indies.....	5	2	7	17	4	21

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Table No. 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Japan.....	2	.....	2	2	.....	2
Portugal.....	1	.....	1	1	.....	1
South America.....	1	.....	1	1	.....	1
Total.....	683	290	973	3,274	2,130	5,404

Of the total number admitted since the 1st of October, 1888, the parents of 83.26 per cent were both of foreign birth.

In 2.36 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.70 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....	1		
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	87		
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	5		
New York.....	798		
Niagara.....			
Oneida.....	1		
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	51		
Rensselaer.....			
Richmond.....	1		
Rockland.....			

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	27		
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	2		
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	973		

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1906

COUNTIES	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....	1		1
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	2		2
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	369	195	564
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	4		4
New York.....	1,311	820	2,130
Niagara.....			
Oneida.....		1	1
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	60	64	124
Rensselaer.....			
Richmond.....	13	26	39
Rockland.....			

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Table No. 20 -- (Concluded)

COUNTIES	Men	Women	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	34	20	54
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	1		1
Wyoming.....			
Yates.....			
Unascertained.....	602	270	872
Total.....	2,397	1,396	3,792

THIRTEENTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Gowanda State Homeopathic Hospital

AT GOWANDA

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1906

[1169]

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R. MONTFORT SCHLEY, M. D.....	Assistant Physician
FREDERICK C. ROBBINS, M. D.....	Assistant Physician
ALICE E. ROWE, M. D.....	Woman Physician
CARL VON A. SCHNEIDER, M. D.....	Medical Interne
ANNA E. PERKINS, M. D.....	Clinical Assistant
EARL R. QUACKENBUSH.....	Steward
OLIVE A. CARPENTEE	Matron
GEORGE E. SPRING, Esq., Franklinville.....	Council

OPHTHALMOLOGIST

DR. F. PARK LEWIS,
Buffalo

ODONTOLOGIST

DR. A. E. FRANKLIN,
Gowanda

CONSULTING PHYSICIANS AND SURGEONS

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THIRTEENTH ANNUAL REPORT OF THE GOWANDA
STATE HOMEOPATHIC HOSPITAL

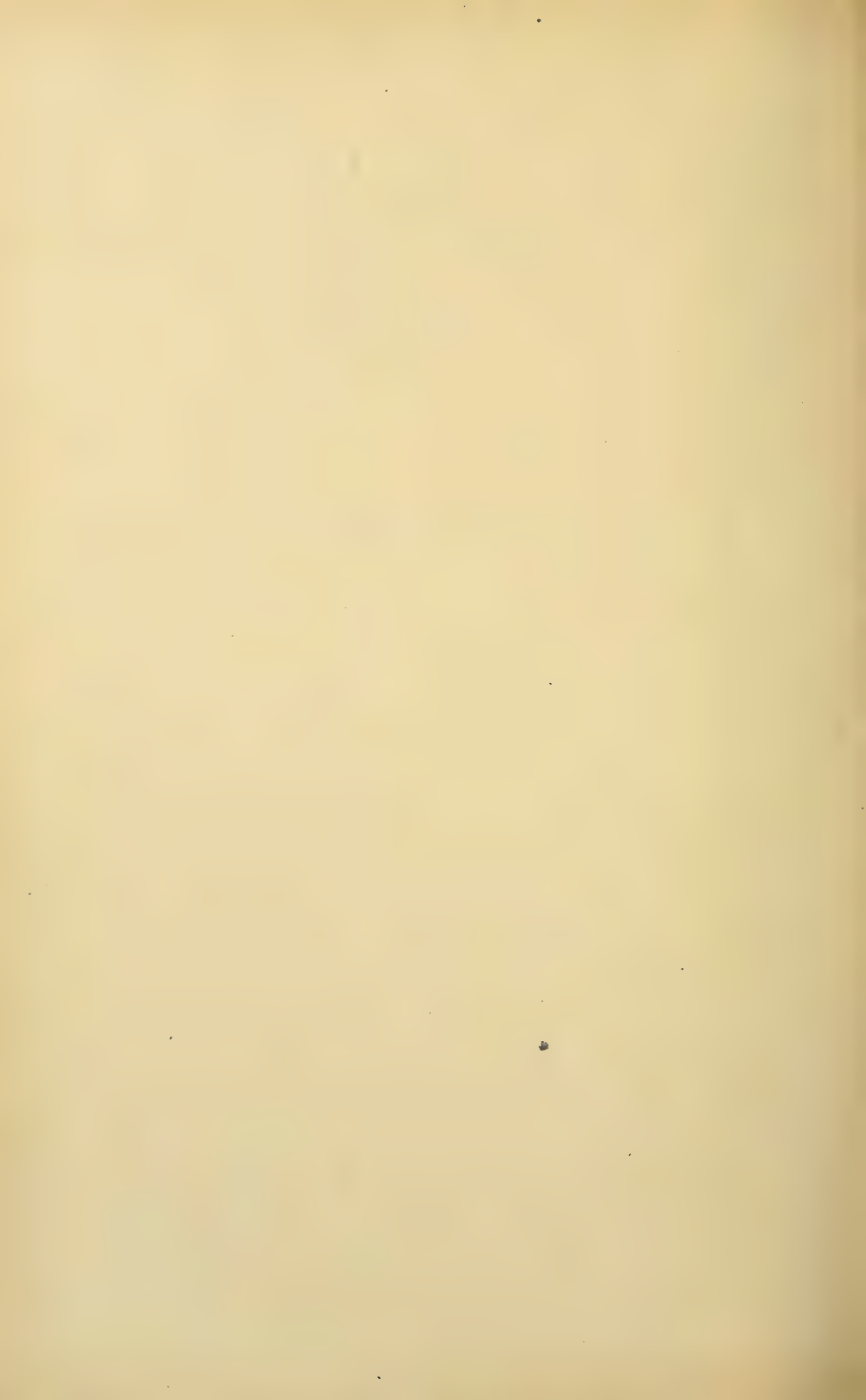
To the State Commission in Lunacy:

Gentlemen — I have the honor to present herewith the report of the board of managers of the Gowanda State Homeopathic Hospital for the fiscal year ending September 30, 1906.

Dated *September 30, 1906*

EDWIN H. WOLCOTT

President



REPORT OF MANAGERS

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen — The board of managers of the Gowanda State Homeopathic Hospital, makes the following report for the fiscal year ending September 30, 1906.

COMMENTS

The board has made all the stated monthly inspections of the hospital required by law, except for the month of September, and individual members on various occasions have made personal visitations and inspections.

During the fiscal year the following has been accomplished, viz., the construction of a cement conduit for the transmission of steam from the power-house to the hospital buildings; a new steam and hot-water trunk line has also been installed; a new boiler in the power-house; the second and third stories of the administration building have been remodeled for the reception and care of patients; another story has been added to the annex building for the same purpose; a coach barn and two additional silos have been built; plans have been approved for a new cow barn, and for the extension of the water system to the farm buildings; a new mosaic floor has been put down in the kitchen, scullery and bake-shop; the third floor of the nurses' home has also been finished similar to the floors below and is now in use for nurses. All this has met the approbation of the board.

The census of the hospital has increased during the year from 749 to 817.

The practicability or wisdom of divorcing the treasury department from the hospital and removing it to Albany remains to be demonstrated.

The meeting of the board in conjunction with your Honorable Commission this year, was of more than a perfunctory nature and confirmed the belief in the board, that your Honorable Commission is disposed to be as considerate of the needs of the hospital as is within your power, and that you have the interests of the hospital at heart, and further, that you are doing earnest and intelligent work on behalf of the State and its unfortunate wards.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT VISITS AND INSPECTIONS

The pleasant and cheerful appearance of the wards noted in our last report is still prevalent and the new wards opened up in the administration building and over the annex building are in keeping with, if not more cheerful and inviting than the other wards.

HOSPITAL NEEDS

The following additions and improvements are necessary and desirable for the further successful operation of the hospital and for the comfort and advantage of the patients, viz.:

ACUTE HOSPITAL

Time and again this board has urged the necessity of an acute hospital and given cogent reasons for it, and it is needless here to repeat them. It is aware that your Honorable Commission holds the same opinion and it rejoices in it. It is sincerely hoped that the Legislature, at the ensuing session, may in its wisdom see its way clear to make an acute hospital here one of the subjects of its bounty. The board is not unwilling to believe, that by the united efforts of the Commission and the board, the Legislature may be brought to an enacting appreciation of the necessity of an acute hospital and make the necessary appropriation therefor.

COLD STORAGE

The hospital is certainly in need of a cold storage plant, commensurate with its present capacity and its growing condition and the board is glad to know that there is the same sentiment in the Commission.

ADDITIONAL LAND

A year ago, the board in its report said, "The acquisition of additional land for the use of the hospital is most desirable. The capacity of the hospital is soon to be increased by 100 or more patients, by fitting up the upper stories of the administration building recently vacated by the superintendent and his medical and administrative staff, and the addition of one story to the annex building. This means more roots, more vegetables for patients and more cows to produce milk for the increased population. The present farm is being taxed to its full capacity to supply the present demands upon it.

Adjoining the hospital grounds on the northerly side and adja-

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

cent to the buildings is an 80 acre farm, mostly garden lands and particularly adapted to the very requirements of the hospital, which can be purchased for \$100 an acre or less. This is not an unreasonable price, the fertility of the land, the adaptability, the buildings upon it and all other things considered. Another potent reason why the hospital should acquire the farm is, that the hospital buildings were from necessity located in the extreme northwest corner of the farm and adjoining these lands, which come within 12 feet of some of the buildings, viz., the nurses' home and the amusement hall, the latter a wooden structure. The land immediately adjacent consists of a grove of trees which is fast being cut by the owner, and the ground is covered with brush and fallen trees, highly inflammable in dry times, and it has been and is a menace to these buildings. This grove should, by all means, be owned by the hospital and before it is all cut down, the rail fences, brush and fallen timber removed to eliminate the danger of fire, its trees preserved as a recreation ground for patients and as a wind break to the hospital buildings. Beyond that, these lands are necessary for any further extension of buildings. They must be acquired sooner or later, and should be acquired before any complications arise."

The hospital census has been increased as predicted and the menace from fire still exists and increases. The board wishes to emphasize these remarks of a year ago, in the hope that the necessity for procuring additional land may be more apparent to the Commission and more fully appreciated, and further, the board desires to add that the price asked for this land is not above the price of other lands in the vicinity similarly situated.

GAS WELLS

The board desires again to call attention to the subject of an additional gas well. It is still of the opinion that its former recommendations in this particular should receive attention.

It believes it is a mistake for the Commission to ignore these recommendations.

COTTAGE FOR CONTAGIOUS DISEASES

There is no provision made in or about the hospital to place in a detached situation a patient or employee affected with a contagious or infectious disease. This has become doubly apparent since the epidemic of diphtheria which has prevailed in the hospi-

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

tal since the close of the current fiscal year. Such a condition should not continue. Public health and public rights demand protection in this particular. The board recommends that proper facilities be provided to the hospital to protect its patients and employees and the public as well from the diseases indicated.

ADDITIONAL RESERVOIR

For the purpose of having at all times a reserve of water for fire protection an additional reservoir should be provided. The present facilities for impounding water are inadequate to answer the demands of a resistant fire.

TABULATION

There are other needs which the board will not take the space to discuss seriatim, but begs to submit the same in tabulated form for your better convenience, viz.:

Acute hospital	\$80,000 00
Cold storage	25,000 00
Stebbins' farm (80 acres)	8,000 00
Shrubbery	500 00
Engine and dynamo	5,000 00
Electric fans for hospitals	200 00
Fire protection (fire hose, hook and ladder truck, fire house)	2,100 00
Reservoir	5,000 00
New boiler and stokers	5,500 00
Cottage for contagious diseases	2,500 00
Walks and drives	1,000 00
Platform scales	500 00
Addition to farmhouse dining-room	500 00
Medical supplies, instruments furnishing operating room and mortuary	425 00
Hospital gates	500 00
Shoe and carpenter machinery	1,000 00
Water softener for laundry	2,000 00
Officers' library	500 00
Drain tile	400 00
Root cellar	1,000 00
Workshop	3,000 00
Portable engine	1,000 00
Extension of porches, west pavilion	1,000 00

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

CONCLUSION

The unprecedented high rate of recoveries and low rate of deaths at this hospital, as shown by the report of the superintendent hereto annexed, demonstrates the continued and growing efficiency of the medical department and justifies the board in pointing with pride to this fact and asking recognition accordingly.

ACKNOWLEDGMENTS

The board is pleased to again acknowledge the courtesies which at all times have been extended to it, both collectively and singly by Dr. Arthur, the superintendent and by his medical and administrative staff. It also wishes to acknowledge the solicitude it has observed in all and every one of them for the welfare of the patients and the interests of the State.

Annexed hereto and as a part hereof, is the report of the superintendent made to the board as required by law. It will bear critical inspection and commend itself to the appreciative.

All of which is respectfully submitted.

Dated, September 30, 1906.

EDWIN H. WOLCOTT

MARY B. SHEPARD

, EUGENE H. PORTER

LAURA K. LARMOUTH

WM. N. WALLACE

FRED J. BLACKMON

A. J. FRANTZ

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

Gentlemen — In accordance with the statute I submit the following report of the operations of this hospital for the fiscal year ending September 30, 1906.

There remained in the hospital October 1, 1905, a total of 785 patients and there were admitted during the year ending September 30, 1906, 172 patients, making a total number under treatment during the year of 957, of whom 492 were men and 465 women, the daily average population being 814.331. The capacity of the institution is 812.

There were discharged during the year: as recovered 36 men, 34 women, a total of 70; as improved, 13 men, 11 women, a total of 24; as unimproved six men, two women, a total of eight; as not insane one man. There were 37 deaths in the hospital during the year, 21 men and 16 women. This gives us as the total number discharged during the year 140, 77 men and 63 women. There remained in the hospital October 1, 1906, a total of 817 patients, of whom there were 415 men and 402 women.

Computing the 70 recoveries during the year on the total number of admissions would give us a percentage of 44.87. There having been 37 deaths, this would give us a death rate on the whole number under treatment of 3.85 per cent. Of the 37 who died 24 were past 50 years of age, 18 were over 60, nine past 70 and two past 80. The recovery rate for this hospital is the highest in its history and our death rate is the lowest with the exception of the year ending September 30, 1904, when it was 3.71 on the whole number treated. This is a remarkably low death rate and especially taking into consideration the fact that a large majority of our patients are transfers from other institutions.

OCCUPATION OF PATIENTS

During the year we have found occupation for more patients than at any time previous. As we have increased in population, it has been necessary for us to raise more garden truck and more farm products of all varieties, which has given occasion for more labor. Besides during the last year we have had under erection a large stable for the accommodation of road horses. We have also com-

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

menced the construction of a four-inch water line to the farmhouse and barns. This is all being done by our own labor. New roads and new walks have given increased opportunities for utilizing healthy patients in labor about the grounds. Also the grading in front of all the buildings has been completed. During the past year we have had on an average from 200 to 240 patients at work outside or on parole about the grounds, which is about 27 per cent of the number under treatment. We have, however, had but 15 of this number elope and most of them have been returned to the hospital. We have also been fortunate in having no accidents among this class of patients.

AMUSEMENT OF PATIENTS

During the past year we have had more and better opportunities for entertaining our patients than heretofore. In the fall of 1905, a football team was organized among the attendants under the management of Francis U. Burke, bookkeeper, and the athletic field was the scene of many interesting encounters between the State hospital eleven and those of towns in the vicinity of the hospital. These games were very much enjoyed by the patients and were looked forward to with a great deal of interest and pleasure. In the summer of 1906 the attendants organized a baseball team under the management of Dr. Frederick C. Robbins, assistant physician, and many close and interesting games were played, not only among themselves but with teams from abroad. The dates of games and names of teams, together with scores, are given below. The winter of 1905 being a very open winter, we had very little opportunity for sleigh riding and we have recorded but one fall of snow that remained on the ground sufficiently long for us to be able to extend to our patients this pleasure. This opportunity, however, was taken and the ride was much enjoyed. Private theatricals by the employees furnished several entertainments and kinetoscopic and vaudeville shows were given as the opportunity was acquired. Another innovation during the past summer was the band concerts on Thursday evenings when all the patients and employees, seated about the lawns, enjoyed band music. The weekly dances have been kept up during the year with the exception of the very warm months.

Being one of the smaller institutions and the amusement fund being estimated on a weekly per capita rate, we have not had as

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

large an amount for this fund as other institutions. The present Commission in Lunacy, recognizing that the smaller institutions have just as much right to sufficient and good entertainments as the larger and appreciating the fact that it was impossible with the small amount of amusement fund at present, have increased the weekly per capita rate at this institution from three and a half cents to five cents as long as the population does not exceed 1,000. This will give us an abundance of money for entertaining our patients during the coming year.

The hospital is fortunate in having a well-equipped orchestra composed of 12 pieces, under the leadership of Charles Jay. During the past year a band was organized under the management of the steward, Earl R. Quackenbush. New instruments were purchased from the amusement fund and regular practice hours allowed. The members of the band have given faithful practice and have developed much efficiency during the year that they have been organized. There are 15 members composing the band.

I append a list of the entertainments given at the hospital during the past year.

1905

- Oct. 7. Football game. Cattaraugus 0, Hospital 2.
- Oct. 14. Football game. North Collins 0, Hospital 0.
- Oct. 28. Football game. Thomas Indian School 0, Hospital 6.
- Nov. 4. Football game. Salamanca 0, Hospital 29.
- Nov. 7. Football game. North Collins 5, Hospital 0.
- Nov. 10. Entertainment "The Middleman" — Louis J. Russell
Dramatic Co.
- Nov. 30. Masque ball.
- Dec. 5. "A Soldier's Sacrifice" — Gowanda Dramatic Co.
- Dec. 25. Christmas dinner, entertainment, presents.

1906

- Jan. 12. Vitagraph and graphophone entertainment.
- Feb. 22. "Comrades" and "Littlest Girl" — Gowanda Dramatic Co.
- Mar. 9. "John Bragg, Deceased" — Hospital attendants.
- Mar. 23. Sleigh ride for patients.
- May 12. Ball game. Newtown 8, Hospital 9.
- May 19. Ball game. Thomas Indian School 0, Hospital 8.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

- May 24. Band concert.
May 26. Ball game. Perrysburg 7, Hospital 18.
May 30. Ball game. Newtown 3, Hospital 9.
June 2. Ball game. Collins Center 1, Hospital 4.
June 21. Entertainment by Hurd, the magician.
June 23. Ball game. Newtown 1, Hospital 4.
July 4. Dance in grove, band concert, games, sports.
July 7. Ball game. Collins Center 8, Hospital 5.
July 26. Band concert.
Aug. 2. Band concert.
Aug. 9. Band concert.
Aug. 16. Entertainment by Gowanda M. E. Church.
Aug. 16. Band concert.
Aug. 23. Band concert.
Sept. 3. Thirty-one patients taken to Gowanda to view Labor-day parade and sports.
Sept. 6. Band concert.
Sept. 13. Thirteen patients attended Erie county fair at Hamburg.
Weekly dances in amusement hall.

TRAINING SCHOOL

Of the 11 attendants who took the senior examination last spring, all passed, and there were 13 attendants who passed the junior examination. Twenty-four attendants entered the junior class this fall. Since our training school has been in operation we have graduated 41. Of this number 19 are still in the employ of the hospital and 15 are in the employ of other state hospitals, general hospitals, or are doing private nursing outside. This would indicate that the large majority of those who have received their training in the school here are still pursuing the same vocation. I append the names of the graduates for the several years since we have been in operation.

1900

W. J. Ryther
M. D. Van Brunt

Emma C. Zahniser

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

1901

Fred Babcock,
May E. Campbell,
Alida Flindall,
Clara M. Fox,

G. Harry Gray,
Mary Kelly,
Mary E. Kern,
William J. Merritt.

1902

Elizabeth Ballard,

Lilly Jamieson.

1903

Madge F. Caldwell,

Adelaide Dudenhoffer.

1904

Helen M. Grosjean,
Hoyt E. Hammond,
Mary Northcote,

Albert P. Peyer,
Margaret M. Butler.

1905

Marion Anderson,
Mary E. Gernold,
Mary Hoare,
Mary Kelly,
Robert Lyon,

Louise Munn,
Adele Scudder,
Emerson Tree,
William H. Young,
William J. Young.

1906

Zoa M. Bugar,
Geo. L. Cunningham,
William G. Daggett,
Frank Dutcher,
Janet E. Ferguson,
Rose A. Furlow,

Herbert F. Gates,
Florilla L. Hulin,
Fanny J. Potts,
Mayme Schweikert,
Charles H. Whitehead.

MEDICAL SERVICES

There have been several changes in the medical staff during the past year. Dr. Stephen S. P. Wetmore, medical interne, resigned July 19, 1906, to take up the practice of medicine in Morrisville, Pa. Dr. Wetmore spent three months at the Pathological Institute during the year and had given useful service in this branch during his stay. Dr. Frederick C. Robbins was promoted to assistant physician, July 1, 1906. This is a well-merited promotion, as Dr. Robbins has been faithful in the pursuit of his work. Dr.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Carl Von A. Schneider was appointed medical interne August 1, 1906, and Dr. Anna E. Perkins was appointed clinical assistant September 22, 1906.

It is our expectation to send at least one member of the staff to the Pathological Institute for instruction in the pathological course during the present year.

I wish to commend every member of my staff for diligent and conscientious work. Dr. Potter, my first assistant physician, has given especial care to the female side of the institution and has exercised general supervision over the male side. Our good recovery rate and very low death percentage is of itself an indication of careful and conscientious work.

Of the 37 deaths, 28 post-mortems were made, making a percentage of 75.67. There have been 12 blood examinations made, the hemoglobin has been taken in 175 cases and the blood pressure in 99. There have been 186 urinary examinations made, two gastric examinations and one sputum examination.

ODONTOLOGIST'S REPORT

Dr. A. E. Franklin, the odontologist of the institution, who spends one afternoon a week looking after the patients' teeth, makes an especially good report for the past year.

Carious teeth extracted	109
Roots extracted	581
Fillings	
Cement	41
Silver	37
Temporary	69
	— 147
Treatments of teeth and gums.....	68
Cleanings of teeth	18
Alveolar dental abscesses lanced and treated....	4
Treatments of chronic dental abscesses.....	3
Artificial dentures (new)	7
Artificial dentures repaired	11

A systematic examination of all patients with the exception of a few of the latest arrivals has been made twice during the year.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

OPHTHALMOLOGIST'S REPORT

Examination of eyes	53
Glasses fitted	30

I am sorry to have to record the first serious accident that has happened at this institution. George Powers, a case of dementia praecox, transferred from the Buffalo State Hospital July 31, 1903, committed suicide on April 19th by hanging. Since his admission to this hospital he had never talked, and had walked but once, when he got out of bed and walked into the water section. There was no history of suicide or any attempt at same. At times he has been filthy in his habits, soiling the bed, and has had to be fed mechanically. For the last three months, however, the patient had been up and dressed and had been more cleanly in his habits, but would sit in his chair with his head bent, never speaking, and when moved had to be carried. While the attendants were cleaning the water section he was placed on a bench in the bathroom with two other patients very similar, the door being left open from the bathroom to the lavatory. The attendant had not been out of the lavatory. From testimony given by the nurses, he could not have been out of the sight of the attendants for over three minutes, yet in that time he had tied together the ends of a small portion of a sheet which he had secreted about himself, about four inches wide, and three feet long. We were not able to discover where he acquired this portion of a sheet. This he threw over a projection from the spraybath apparatus and, thrusting his head through same, he hung himself. The attendant working in the next room looked up and noticed that Mr. Powers was not on the bench with the other two patients and on walking in, found him hanging. Every effort was made for over an hour to resuscitate him but without avail, a physician being sent for and coming immediately.

Dr. Earl G. Danser, medical examiner for Erie county, was summoned and after reading up the history of the patient and taking testimony in the case made a statement that he could not see how any censure could be placed on any one. The only reason this patient was kept in the hospital ward was that on account of his refusal to walk and at times eat he was better able to be taken care of there, as there was never any thought of suicide in his case.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT IMPROVEMENTS

There have been many improvements completed and others are well under way at the close of the year. Among these I would mention the third floor of the nurses' home. The completion of this home now gives us ample room for the housing of all our employees who do not receive commutation for living outside. The home is very comfortable and very convenient in all respects and affords ample and good dormitory space for employees. The plans of this home have been used by the State Commission in Lunacy for the erection of nurses' homes at other hospitals for the insane throughout the State.

A cement conduit from the power-house to the buildings is about completed. Two new silos have been added to the dairy barns. A depot wagon has been purchased.

About three-quarters of a mile of cement walk has been built from the buildings past the superintendent's residence to the staff house and also along the public road to the top of Clay hill. This will furnish a good walk for patients at all times of the year, especially during the wet and winter months.

An addition to the power-house has been completed and a new boiler installed in the same. There has also been an additional shop extension to the power-house, which we have been so much in need of for the placing of new machinery as allowed last year.

A new tile floor for the bakery and hallway leading to the bakery from the kitchen has been installed. A stable for the accommodation of road horses is about completed. A new telephone switchboard, creamery separator and milk house have been installed, and also iron electric-light poles from the public road, following the road up around the grounds to the buildings and down past Helmuth grove.

The remodeling of the steam and hot water trunk lines, commenced last winter, has not been pushed as fast as we could have wished, but is now nearing completion.

I wish to call your attention to the fact that the remodeling of the second and third floors of the administration building has been completed and furnishes two new and beautiful wards for the accommodation of 50 patients on each floor. Also a second floor has been built over the annex to be used as a sitting-room for both wards, as also a second floor over the corridor leading

GOWANDA STATE HOMOEOPATHIC HOSPITAL—ANNUAL REPORT

from the administration building to the annex. This gives us a large sitting-room, also a roomy department for the seamstress. Taking this remodeling complete, it furnishes two as complete and convenient wards, including large sitting-rooms and water sections as we have in the institution.

We will only be able at the present time to receive patients on one of these wards and have already asked for 50. These patients will be transferred from the Manhattan State Hospital on October 2d. We have been unable as yet to build the addition to the dining-room and until this addition is completed we have not space in the congregate dining-room for more patients. It is our expectation during the fall and winter, with the permission of the State Commission in Lunacy, to remove all partitions in the second floor of the present congregate dining-room building, constructing this floor similar to the congregate dining-room and using it as a dining-room for employees. This will take all employees out of the basement dining-room which we will use as a working patients' dining-room, thus leaving sufficient space in the present congregate dining-room for additional patients from the new wards. This we expect to have completed before May 1, 1907.

We have found that we would be unable to erect for \$2,500, the amount of the appropriation, an industrial shop sufficiently large for our needs and have agreed with the State Commission in Lunacy to allow this appropriation to lapse and ask for a new appropriation of \$3,000 for the completion of same the coming year.

We feel that we have accomplished as much of the improvements which were allowed by the Legislature as possible during the time, taking into consideration the fact that the appropriations are not available until after the adjournment of the Legislature. During the following year we will endeavor to complete all improvements for which appropriations are allowed. These include a water line from the buildings to the farmhouse and barns, a new dam for pond in the vicinity of the icehouse, a coal shed and the extension of porches on the east pavilion.

NEEDS

Your board have taken up the matter of needs under your report to the State Commission in Lunacy. I wish, however, to add one, namely, that of extension of porches to the west pavilion.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

An appropriation of \$1,000 was allowed for the extension of porches to the east pavilion and this will complete the porches to the pavilion on the male side of the house. These porches are for the care of tuberculous patients, the present porches being too small to accommodate the increased number. Our tuberculous patients have been given the rest and open-air treatment throughout the year on these porches, and the results of such treatment, as you know, have been of the best.

I wish also to call your attention to the vital need of another boiler to be placed in the new addition to the power-house, where space has been left. The attention of the Commission has already been called to the fact that our boiler capacity is inadequate for the work required by the plant. To provide for this deficiency we should have another 150 horse-power boiler, which, for economy in fuel and labor, should be equipped with an automatic stoker. A stoker should also be provided for the boiler recently installed.

The present capacity of the electric lighting plant is 1,200 lights. During the winter the plant is taxed to its full capacity and in case of an accident occurring to one of the dynamos the hospital would be badly crippled for light. To be safe on the lighting question we should have another dynamo and engine of 75 kilowatts capacity. This would also provide for any future extension.

I would also call your attention especially to the item asking for \$2,100 for fire apparatus. We should have a firehouse properly equipped, which we have not at the present time. We have one hose reel in a small wooden shed immediately back of the kitchen. The other hose reel is kept in the pumproom of the power-house. A new firehouse is needed, as the first place is inadequate and the other too far away. We should also have a hook and ladder truck, as we have now no way to convey ladders from one part of the institution to the other except to carry them. We feel, therefore, that \$2,100 for fire house and hook and ladder truck, together with additional firehose, should be urged upon.

VISITATIONS

The hospital has been visited and inspected during the past year by representatives of the State Charities Aid Association, Mrs. G. W. Patterson, Westfield, N. Y., and Mrs. William Bookstaver, Dunkirk, N. Y.; by Commissioners Mabon, Lockwood, Parkhurst, and Pilgrim at different times in their official capacity, as well as by Dr. Wm. L. Russell, medical inspector, Miss Mary

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Vida Clark, assistant secretary of the State Charities Aid Association, and by the board of managers monthly, as the law requires. Also by the Lake Erie Medical Society on October 27, 1905; by Henry M. Lechtrecker, inspector of State charitable institutions, Mrs. Mary C. Acker, Hornellsville, N. Y., Hon. G. L. Heins, State architect, Monie Sanger of the government hospital, Washington, D. C., Dr. and Mrs. Sabraw Matsubara, New York city.

ACKNOWLEDGMENTS

I wish to commend my staff for the faithful performance of duties. The good results for the year, both from a financial and a medical standpoint, would indicate this. I wish also to express thanks again to the board of managers for their many words of advice and encouragement throughout the year. The State Commission in Lunacy have been liberal in their indorsement of appropriations and have approved with willingness the many new improvements asked for. I wish also to return grateful thanks on the part of the patients to those who have contributed magazines, papers and flowers to the wards of the hospital, and to the Grape Belt, Buffalo Times, Ellicottville Post, and Jamestown Journal for their papers weekly sent to the hospital.

Respectfully submitted,

DANIEL H. ARTHUR

Superintendent

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF THE TREASURER

To the Board of Managers of the Gowanda State Homeopathic Hospital:

The treasurer of the hospital respectfully submits the following summary of his receipts and disbursements for the year ending September 30, 1906.

SPECIAL FUND

Receipts

Received from State comptroller's drafts.....	\$42,611 30
---	-------------

Disbursements

Paid vouchers drawn by steward.....	\$42,611 30
-------------------------------------	-------------

GENERAL FUND

Receipts

Amount on hand from last report.....	\$3,153 01
--------------------------------------	------------

Received from State comptroller as follows:

Salaries	\$13,300 00
----------------	-------------

Wages	59,300 00
-------------	-----------

Supplies	87,100 00
----------------	-----------

	159,700 00
--	------------

Received from reimbursing patients.....	7,743 59
---	----------

Received from private patients.....	225 70
-------------------------------------	--------

Received from refunds.....	6 66
----------------------------	------

Total	\$170,828 96
-------------	--------------

Disbursements

Paid State treasurer	\$7,969 29
----------------------------	------------

Officers' salaries	\$13,330 94
--------------------------	-------------

Wages	59,306 90
-------------	-----------

Provisions and stores..	\$40,544 06
-------------------------	-------------

Ordinary repairs	5,425 84
------------------------	----------

Farm and grounds	4,854 53
------------------------	----------

Clothing	3,933 94
----------------	----------

Furniture and bedding.	3,166 25
------------------------	----------

Books and stationery ..	1,108 31
-------------------------	----------

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Fuel and light	\$15,916 10	
Medical supplies	888 87	
Miscellaneous expenses.	5,985 83	
Transportation of patients	1,191 93	
	<hr/>	\$83,015 66
		<hr/>
		\$155,653 50
		<hr/>
Total		\$163,622 79
Balance on hand		7,206 17
		<hr/>
		\$170,828 96
		<hr/>
		<hr/>

Respectfully,

DANIEL H. ARTHUR

Treasurer

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

REPORT OF STEWARD

To Dr. D. H. ARTHUR, *Superintendent*:

I beg to submit the following report of outside and industrial departments for the year ending September 30, 1906.

There have been no changes in heads of departments during the year. The results show better than formerly especially for the farm which seems remarkable since a goodly number of cattle and hogs were lost by disease.

E. R. QUACKENBUSH

Steward

FARM AND GROUNDS

This department has been favored by very good seasons resulting in large farm and garden crops. The force consisted of 10 employees and 25 patients.

In addition to regular work, head farmer Edwards has, without outside assistance, moved three farm buildings, shingled old horse barn, shingled one-half of cow barn and made four wagon boxes.

Debits

Inventory, October 1, 1905.....	\$19,421 17
Interest, 6% on both farm (\$30,000.00) and inventory	2,965 27
Account of wages, farm and grounds, per treasurer's report	4,494 34
Amount account board of employees.....	1,296 00
Amount account board of patients and labor.....	4,778 55
Estimated value of garbage from hospital.....	400 00
Estimated value of water for stock.....	50 00
Expended for supplies account of maintenance per treasurer's report	4,854 53
Expended for supplies account special fund, per treasurer's report	586 75
Amount of profit	5,228 67
	<hr/>
	\$44,075 28
	<hr/>

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Credits

Products, etc., used as per appendix A.....	\$20,665 88
Labor as per appendix B.	1,868 82
Florist wages, not a charge against farm.....	632 00
Supplies on general fund treasurer's report, not a charge against farm	802 74
Amount of inventory Oct. 1, 1906, appendix C. ..	20,105 84
	<hr/>
	\$44,075 28
	<hr/>

APPENDIX A

Farm and garden products used by hospital:

Beef, cow, 6,746 pounds.....	\$0 065	\$438 49
Pork, 11,446 pounds	075	858 45
Chicken, 321 pounds	12	38 52
Chicken, 171 pounds	15	25 65
Eggs, fresh, 774 1/12 dozens.....	20	154 82
Butter, 30 pounds	21	6 30
Milk, 186,622 quarts	03 $\frac{1}{4}$	6,065 21
Potatoes, 3,469 $\frac{1}{2}$ bushels	50	1,734 75
Asparagus, 1,295 bunches	07	90 65
Onions, 660 $\frac{1}{2}$ bushels	60	396 30
Onions, green, 32,561 bunches.....	02	651 22
Cabbage, 132,588 pounds	005	662 94
Cauliflower, 1,785 heads	06	107 10
Celery, 2,516 bunches	03	75 48
Cucumbers, 632 bushels	50	316 00
Cucumber pickles, 30,000	00 $\frac{3}{4}$	225 00
Turnips, 836 $\frac{1}{2}$ bushels	25	209 13
Parsnips, 471 bushels	40	188 40
Peas, 236 bushels	75	177 00
Beets, 599 $\frac{1}{2}$ bushels	30	179 85
Beets, green, 140 bushels.....	25	35 00
Carrots, 323 $\frac{1}{2}$ bushels	30	97 05
Tomatoes, 582 bushels	40	232 80
Spinach, 260 bushels	25	65 00
Lettuce, 387 $\frac{1}{2}$ bushels	40	155 00
String beans, 222 bushels.....	50	111 00
Beans, Lima, 12 bushels.....	75	9 00
Radishes, 37,305 bunches	04	1,492 20
Rhubarb, 2,198 bunches	05	109 90

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Sweet corn, 59,425 ears	\$0 00 $\frac{3}{4}$	\$445 69
Corn, canned, 24,000 pounds	003	72 00
Squash, 24,385 pounds	01	243 85
Pumpkin, 11,045 pounds	00 $\frac{1}{4}$	27 61
Egg plant, 1,006 pounds	03	30 18
Parsley, 269 bunches	03	8 07
Brussel sprouts, 12 bushels	75	9 00
Salsify, 58 bushels	50	29 00
Horse radish, 6 $\frac{1}{2}$ bushels	50	3 25
Rutabagas, 26 bushels	25	6 50
Peppers, red, 5 dozens	03	15
Peppers, green, $\frac{1}{2}$ bushel	75	38
Vegetable oysters, 18 bushels	50	9 00
Apples, 317 bushels	50	158 50
Cider apples, 300 bushels	25	75 00
Raspberries, red, 226 quarts	08	18 08
Raspberries, black, 10 quarts	06	60
Strawberries, 8,295 quarts	08	663 60
Cherries, 226 quarts	06	13 56
Currants, 315 quarts	06	18 90
Hay, mixed, 165,469 pounds	9 00 ton	744 61
Oats, 2,247 $\frac{3}{4}$ bushels	36	809 15
Ensilage, 419,440 pounds	3 50 ton	734 02
Straw, 79,671 pounds	6 00 ton	239 02
Corn fodder, 281,757 pounds	3 00 ton	422 63
Carrots, 712 $\frac{1}{2}$ bushels	30	213 75
Mangle wurzels, 812 $\frac{1}{2}$ bushels	20	162 50
Wheat, 83 $\frac{1}{4}$ bushels	80	66 60
Corn, 193 15/16 bushels	50	96 97
Manure (other than farm use), 5 loads	50	2 50
Tobacco, 210 pounds	12	25 20
Flour, wheat (farm), 59 $\frac{1}{3}$ barrels	4 75	281 83
Calves (exchanged for veal), 20 head		35 00
Cowhides (exchanged for beef), 873 pounds		90 97

\$20,665 88

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

APPENDIX B

Work done by farm teams and men outside of farming:

Drawing gravel, 62 $\frac{3}{4}$ days.....	\$ 186 09
Scraping roads, 20 days.....	64 90
Unloading floor, 4 days.....	14 64
Drawing cinders, 34 days.....	81 28
Driving (carriages), 27 $\frac{1}{2}$ days.....	60 65
Grading, 160 days.....	425 60
Leveling Clay hill, 7 $\frac{1}{2}$ days.....	84 18
Drawing coal, 31 $\frac{1}{2}$ days.....	90 39
On dray team, 112 days.....	409 92
Filling ice boxes, 28 days.....	129 59
Unloading fire brick, 2 days.....	3 66
Drawing freight from station, 20 days.....	71 50
Digging graves, 8 days.....	13 32
Cutting ice, 17 days.....	133 00
Coachman, 2 days.....	3 32
Outing (patients), $\frac{3}{4}$ days.....	5 49
Fixing walks, 1 $\frac{1}{2}$ days.....	5 49
Fixing grove for patients' outing, 1 day.....	1 66
Trimming trees, 1 day.....	3 66
Drawing stone, 8 days.....	54 94
Helping butcher, 5 $\frac{1}{2}$ days.....	9 13
Drawing cement, $\frac{1}{2}$ day.....	1 83
Odd jobs, 1 day.....	3 66
Ditching, $\frac{1}{2}$ day.....	83
On hides, $\frac{1}{2}$ day.....	4 98
Moving lawn settees, $\frac{1}{2}$ day.....	1 83
Moving boiler, 3 days.....	15 96
Drawing sand, 2 days.....	7 32

 \$1,868 82

APPENDIX C

Inventory

Live stock:

Horses, teams, 5.....	\$1,500 00
Colt, 2 years old, 1.....	100 00
Cows, milch, 54	2,431 00
Cows, springers, 10	300 00
Cows, fat, 8.....	240 00

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Yearling heifers, 20.....	\$315 00
Calves, heifer, 20	200 00
Calves, veal, 2	20 00
Bulls, 2	81 00
Oxen, 2	100 00
Sheep, 3	18 00
Brood sows, 10	150 00
Shoats, 47	470 00
Fat hogs, 2	40 00
Pigs, 29	87 00
Boar, 1	15 00
Hens, 101	50 50
Chickens, 43	12 90
Ducks, 2	1 00
Geese, 5	3 50

Farm and garden products:

Hay, timothy, 44 tons.....	528 00
Hay, mixed, 142 tons.....	1,278 00
Straw, 80 tons	480 00
Oats, 3,000 bu.	1,080 00
Bran, 1 ton	22 00
Oilmeal, 1 ton	26 00
Middlings, 900 pounds	11 25
Cornmeal, 3,100 pounds.....	37 20
Hominy, 2,800 pounds	33 60
Corn and oats, 1,200 pounds	12 00
Ensilage, 600 tons	2,100 00
Corn in ear, 300 bushels	150 00
Cornstalks, 70 tons	210 00
Carrots, 1,600 bushels	480 00
Beets, 830 bushels	249 00
Egg plant, 1,684 pounds	50 52
Pumpkin, 30,000 pounds	75 00
Turnips, 650 bushels	162 50
Rutabagas, 700 bushels	175 00
Squash, 5,000 pounds	50 00
Parsnips, 550 bushels	220 00
Salsify, 140 bushels	70 00
Parsley, 200 bunches	6 00
Celery, 3,200 heads	96 00
Brussel sprouts, 5 bushels.....	3 75

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Cabbage, 68,000 pounds.....	\$340 00
Kale, 30 bushels.....	15 00
Potatoes, 5,200 bushels.....	2,600 00
Cauliflower, 750 heads.....	45 00
Onions, 990 bushels.....	594 00
Peppers, 12 dozens.....	36
Beans, 60 bushels.....	120 00
Apples, eating, 400 bushels.....	200 00
Apples, cider, 195 bushels.....	48 75
Popcorn, 4 bushels.....	4 00
Tobacco, 1,200 pounds.....	240 00
Savory, 100 bunches.....	5 00
Dill, 110 bunches.....	3 30
Sage, 40 bunches.....	2 40
Thyme, 65 bunches.....	6 50
	<hr/>
	\$17,965 03
Farm and garden implements, etc.....	2,140 81
	<hr/>
	\$20,105 84
	<hr/> <hr/>

INDUSTRIAL DEPARTMENT

The patients in this department do not work full days since foreman Clark has to close the shop frequently while making repairs around the institution. Fourteen different trades are represented by the work done in this department.

Debit

Inventory October 1, 1905.....	\$907 29
Wages, as per treasurer's report.....	655 33
Board.....	144 00
Supplies, as per treasurer's report, general fund..	740 17
Supplies, as per treasurer's report, special fund...	820 19
Value of eight patients' labor.....	795 82
	<hr/>
	\$4,062 80
	<hr/> <hr/>

Credits

Articles manufactured and repaired, Appendix D..	\$2,968 42
Inventory, October 1, 1906.....	1,094 38
	<hr/>
	\$4,062 80
	<hr/> <hr/>

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

TABLE No. 1

Showing movement of population for the year ending September 30, 1906

	Men	Women	Total
Remaining October 1, 1905.....	405	380	785
Admitted during year ending September 30, 1906.....	87	85	172
On original commitments:			
From residences.....	81	66	147
By transfers from county houses.....	4	5	9
By transfers from other institutions for insane.....	2	14	16
Total number under treatment during year...	492	465	957
Daily average population.....	414.75	399.57	814.33
Capacity of institution.....	417	395	812
Discharged during year:			
As recovered.....	36	34	70
As improved.....	13	11	24
As unimproved.....	6	2	8
As not insane.....	1	....	1
Died.....	21	16	37
Whole number discharged during year.....	77	63	140
Remaining October 1, 1906.....	415	402	817

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1905, to September 30, 1906

Date of opening	August 9, 1898
Total acreage of grounds and buildings	500 acres.
Value of real estate, including buildings	\$885,329 21
Value of personal property	91,262 82
Acreage under cultivation (cultivated 224, grounds and drives 80)	304 acres.
Receipts during year, maintenance fund:	
Balance on hand, October 1, 1905	\$3,153 01
From State treasury for maintenance on estimates, 1 to 12 inclusive	159,700 00
From private patients	225 70
From reimbursing patients	7,743 59
From all other sources	6 66
Total receipts for maintenance	<u>\$170,828 96</u>
Total receipts from State Commission in Lunacy for extraordinary improvements	<u>\$42,611 30</u>
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries	\$13,330 94
Estimate No. 2. For wages	59,306 90
Estimate No. 3. For provisions and stores	40,544 06
Estimate No. 4. For ordinary repairs	5,425 84
Estimate No. 5. For farm and grounds	4,854 53
Estimate No. 6. For clothing of patients	3,933 94
Estimate No. 7. For furniture and bedding	3,166 25
Estimate No. 8. For books and stationery	1,108 31
Estimate No. 9. For fuel and light	15,916 10
Estimate No. 10. For medical supplies	888 87
Estimate No. 11. For miscellaneous expenses	5,985 83
Estimate No. 12. For transportation	1,191 93
Total disbursements, estimates 1 to 12 in- clusive	<u>\$155,653 50</u>

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy		\$42,611 30
Total disbursements during year, State treasurer ..		\$7,969 29
Balances October 1, 1906:		
General maintenance fund		\$7,206 17
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....		3.675
Maximum rate of wages paid attendants:		
Men		\$38 00
Women		29 75
Minimum rate of wages paid attendants:		
Men		\$22 00
Women		16 00
Proportion of day attendants to average daily population	1 to	9.694
Proportion of night attendants to average daily population	1 to	47.902
Percentage of daily patient population engaged in some kind of useful occupation .....		.5217
Estimated value of farm and garden products during year		\$20,521 38
Estimated value of articles made or manufactured by patients during year		2,943 82

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1906			INHERITED PREDISPOSITION.		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc.).....	2	7	9	2	1	3
Mental strain, worry and overwork (not included in above).....	2	10	12	1	1	2
Religious excitement.....	.....	1	1	.....	1	1
Love affairs (including seduction).....	.....	6	6	.....	2	2
Physical:						
Intemperance.....	30	9	39	4	.....	4
Venereal diseases.....	2	.....	2	1	.....	1
Masturbation.....	2	.....	2	2	.....	2
Accident or injury.....	.....	1	1	.....	.....	.....
Pregnancy.....	.....	3	3	.....	3	3
Change of life.....	.....	4	4	.....	.....	.....
Privation and overwork.....	2	3	5	2	.....	2
Epilepsy.....	1	6	7	1	2	3
Old age.....	1	1	2	1	.....	1
Abuse of drugs.....	5	.....	5	1	.....	1
All other bodily disorders and ill health.....	5	5	10	3	.....	3
Heredity.....	6	14	20	.....	.....	.....
Congenital defect.....	1	.....	1	1	.....	1
Unascertained.....	27	15	42	.....	1	1
Not insane.....	1	.....	1	.....	.....	.....
Total.....	87	85	172	19	11	30

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1906

FORM	YEAR ENDING SEPTEMBER 30, 1906		
	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	11	10	1
General paralysis.....	3	....	3
Senile insanity.....	13	....	16
Epilepsy with insanity.....	6	1	....
Imbecility, idiocy with insanity.....	1	....	....
Other psychoses.....	137	59	17
*Not insane.....	1	....	....
Total.....	172	70	37

* Includes cases of alcoholism, drug habit, etc.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906				SINCE OCTOBER 1, 1888						
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT				
	Men	Women	Men	Women	Men	Women	Men	Women			
Under one month.....	13	13	26	1	2	49	42	91	5	1	6
One to three months.....	5	7	12	9	14	35	28	63	30	25	55
Three to six months.....	4	3	7	8	10	18	14	29	51	37	88
Six to nine months.....	4	1	5	3	2	5	14	12	26	18	34
Nine months to one year.....	.....	.....	.....	5	3	8	3	3	6	17	36
One year to eighteen months.....	.....	3	3	6	11	17	8	6	14	14	38
Eighteen months to two years.....	.....	.....	.....	1	.....	1	2	1	3	8	11
Two to three years.....	1	2	3	1	.....	1	5	6	11	4	4
Three to four years.....	.....	.....	.....	1	1	2	6	1	7	4	5
Four to five years.....	1	.....	1	1	1	1	1	4	5	.....	2
Five to ten years.....	1	1	2	.....	1	4	3	7	.....	2	2
Unascertained.....	7	4	11	.....	.....	11	8	19	.....	.....	.....
Total.....	36	34	70	36	34	70	153	128	281	153	281

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Tuberculosis.....	2	3	5	8	9	17
Diseases of the digestive system:						
Diseases of the stomach.....				3		3
Diseases of the intestines.....				4	3	7
Diseases of the peritoneum.....				7	3	10
Diseases of the respiratory system:						
Diseases of the bronchi.....					2	2
Diseases of the lungs..	3	6	9	13	14	27
Diseases of the circulatory system:						
Diseases of the heart..	1	3	4	16	12	28
Arterio-sclerosis.....				1		1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia..					1	1
Diseases of the genitourinary system.....				5	5	10
Diseases of the nervous system:						
Diseases of the meninges.....				3		3
Organic diseases of the brain, (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	1	1	2	9	11	20
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....	1		1	1		1
Epilepsy.....	1		1	1		1

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Mental diseases:						
Exhaustion of acute mental disease.....				26	20	46
Exhaustion of chronic mental disease.....	8	3	11	35	17	52
General paralysis of the insane.....	3		3	3		3
Suicide.....	1		1	1		1
Malignant new growths or cancer.....					2	2
Total.....	21	16	37	136	99	235

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	4	4	8	46	47	93
Maternal branch.....	2	4	6	46	60	106
Paternal and maternal branches.....		1	1	10	7	17
Collateral branches....	1	10	11	64	87	151
No hereditary tendency	53	50	103	302	313	615
Unascertained.....	27	16	43	330	222	552
Total.....	87	85	172	798	736	1,534

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	39	30	69	408	267	675
Married.....	39	40	79	288	316	604
Widowed.....	8	12	20	66	138	204
Divorced.....	.....	1	1	8	9	17
Unascertained.....	1	2	3	28	6	34
Total.....	87	85	172	798	736	1,534

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	.....	3	24	8	32
Academic.....	4	4	8	21	37	58
Common school.....	76	78	154	528	474	1,002
Read and write.....	.....	.....	.....	18	21	39
Read only.....	.....	.....	.....	22	18	40
No education.....	.....	1	1	25	21	46
Unascertained.....	4	2	6	160	157	317
Total.....	87	85	172	789	736	1,534

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. II

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1906					SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men
Under one month.....	4	2	6	1	1	2	9	6	15	11
One to three months.....	1	1	2	2	1	3	5	6	11	15
Three to six months.....	2	1	3	.....	.....	.....	9	2	11	11
Six to nine months.....	2	.....	2	.....	.....	.....	12	3	15	13
Nine months to one year.....	1	1	2	1	1	2	7	1	8	8
One year to eighteen months.....	1	1	2	5	1	6	7	7	14	19
Eighteen months to two years.....	.....	.....	.....	.....	.....	.....	2	1	3	8
Two to three years.....	1	.....	1	4	4	8	14	10	24	22
Three to four years.....	2	1	3	2	3	5	7	7	14	10
Four to six years.....	2	.....	2	.....	2	2	14	7	21	7
Six to ten years.....	.....	3	3	6	3	9	14	9	23	10
Ten to twenty years.....	4	2	6	.....	.....	.....	19	20	39	1
Twenty years and over.....	1	2	3	.....	.....	.....	6	8	14	1
Not insane*.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....
Unascertained.....	.....	2	2	.....	.....	.....	8	12	20	.....
Total.....	21	16	37	21	16	37	136	99	235	136
Average duration of insane life (years and tenths).....	.....	.....	.....	3.3	3.5	3.4	.....	.....	.....	2.2
										2.2
										2.1

*Includes cases of alcoholism, drug habit, etc.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...				1	1	2
From 15 to 20 years...	3	3	6	25	20	45
From 20 to 25 years...	8	4	12	53	36	89
From 25 to 30 years...	14	7	21	70	45	115
From 30 to 35 years...	9	7	16	68	66	134
From 35 to 40 years...	9	10	19	95	88	183
From 40 to 50 years...	15	25	40	197	180	377
From 50 to 60 years...	18	14	32	136	144	280
From 60 to 70 years...	9	11	20	89	108	197
From 70 to 80 years...	1	3	4	44	40	84
From 80 to 90 years...		1	1	15	8	23
Unascertained.....	1		1	5		5
Total.....	87	85	172	798	736	1,534

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years...	1	1	2	10	5	15
From 20 to 30 years...	8	5	13	41	29	70
From 30 to 40 years...	10	3	13	31	35	66
From 40 to 50 years...	11	18	29	44	33	77
From 50 to 60 years...	4	4	8	19	16	35
From 60 to 70 years...	1	3	4	7	9	16
From 70 to 80 years...	1		1	1	1	2
Total.....	36	34	70	153	128	281

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing age of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years...	.....	.....	.....	.....	1	1
From 15 to 20 years...	.....	.....	.....	.....	1	1
From 20 to 25 years...	.....	.....	.....	1	1	2
From 25 to 30 years...	.....	.....	.....	.....	.....	.....
From 30 to 35 years...	2	.....	2	8	4	12
From 35 to 40 years...	4	2	6	13	11	24
From 40 to 50 years...	2	3	5	26	14	40
From 50 to 60 years...	3	3	6	22	22	44
From 60 to 70 years...	6	3	9	35	19	54
From 70 to 80 years...	4	3	7	22	19	41
From 80 to 90 years...	.....	2	2	7	6	13
Over 90 years.....	.....	.....	.....	2	1	3
Total.....	21	16	37	136	99	235

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1906

DURATION OF INSANITY	Men	Women	Total
Under one month.....	32	20	52
One to three months.....	15	11	26
Three to six months.....	9	16	25
Six to nine months.....	6	2	8
Nine months to one year.....	3	3	6
One year to eighteen months.....	2	5	7
Eighteen months to two years.....			
Two to three years.....	5	6	11
Three to four years.....	3	2	5
Four to five years.....		1	1
Five to ten years.....	4	3	7
Ten to fifteen years.....	3	4	7
Fifteen to twenty years.....	1	3	4
Twenty to thirty years.....		1	1
Thirty years and upwards.....		3	3
Unascertained.....	4	5	9
Total.....	87	85	172

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment September 30, 1906

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	6	6	12
One to three months.....	10	12	22
Three to six months.....	16	13	29
Six to nine months.....	17	20	37
Nine months to one year.....	5	12	17
One year to eighteen months.....	30	29	59
Eighteen months to two years.....	6	6	12
Two to three years.....	34	38	72
Three to four years.....	163	125	288
Four to five years.....	18	21	39
Five to ten years.....	110	120	230
Total.....	415	402	817

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	4	.....	4	19	4	23
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	12	1	13	88	2	90
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	13	.....	13	171	.....	171
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	14	.....	14	122	.....	122
Mechanics, etc., at sedentary vocations						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	4	1	5	54	3	57
Domestic service:						
Waiters, cooks, servants, etc.....	2	14	16	3	174	177
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	1	60	61	6	452	458
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....				1	2	3

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	5	3	8	7	35	42
Miners, seamen, etc.....	2		2	6		6
Prostitutes.....		1	1		1	1
Laborers.....	30		30	256		256
No occupation.....		2	2	44	47	91
Unascertained.....		3	3	21	16	37
Total.....	87	85	172	798	736	1,534

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1906			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	56	54	110	506	466	972
Scotland.....	1	.....	1	1	2	3
Bohemia.....	1	.....	1	2	.....	2
Holland.....	.....	.....	.....	3	2	5
Germany.....	8	5	13	60	52	112
Poland.....	4	1	5	17	9	26
Ireland.....	3	7	10	62	64	126
Switzerland.....	.....	.....	.....	3	4	7
England.....	2	4	6	25	19	44
Norway.....	.....	.....	.....	1	3	4
Italy.....	1	2	3	7	3	10
Denmark.....	.....	1	1	1	2	3
Sweden.....	5	6	11	43	41	84
Canada.....	4	4	8	16	19	35
Russia.....	.....	.....	.....	3	3	6
Nova Scotia.....	.....	.....	.....	.....	1	1
Austria.....	.....	.....	.....	6	.....	6
Hungary.....	2	.....	2	4	1	5
France.....	.....	.....	.....	2	2	4
Wales.....	.....	.....	.....	1	1	2
Prince Edward Island.....	.....	.....	.....	1	.....	1
Barbadoes.....	.....	.....	.....	2	.....	2
Unascertained.....	.....	1	1	32	42	74
Total.....	87	85	172	798	736	1,534

Of the total number admitted since the 1st of October, 1888, the parents of .32724 per cent were both of foreign birth.

In .03585 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In .01043 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1906

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....	38	1	39
Cayuga.....			
Chautauqua.....	51		51
Chemung.....	1		1
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	55		55
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	1		1
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	4		4
Niagara.....			
Oneida.....	1		1
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....	1		1
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			
Rockland.....			

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 19—(Concluded)

COUNTIES	Public	Private	Total
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	2		2
Suffolk.....			
Sullivan.....	1		1
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....	1		1
Westchester.....			
Wyoming.....	13		13
Yates.....			
Unascertained.....	2		2
Soldiers' Home.....			
Total.....	171	1	172

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1906

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany	8	3	11			
Allegany		1	1			
Broome						
Cattaraugus	65	79	144		1	1
Cayuga						
Chautauqua	116	120	236			
Chemung	2		2			
Chenango						
Clinton						
Columbia						
Cortland						
Delaware						
Dutchess	3		3			
Erie	84	95	179			
Essex						
Franklin						
Fulton	2		2			
Genesee	1	3	4			
Greene						
Hamilton						
Herkimer	2	1	3			
Jefferson						
Kings						
Lewis		1	1			
Livingston	1	1	2			
Madison	1	2	3			
Monroe	10	3	13			
Montgomery	4	7	11			
Nassau						
New York	32	12	44			
Niagara	2	4	6			
Oneida	11	15	26			
Onondaga	5	1	6			
Ontario						
Orange		4	4			
Orleans						
Oswego						
Otsego						
Putnam	1		1			
Queens	3		3			
Rensselaer	7	4	11			

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

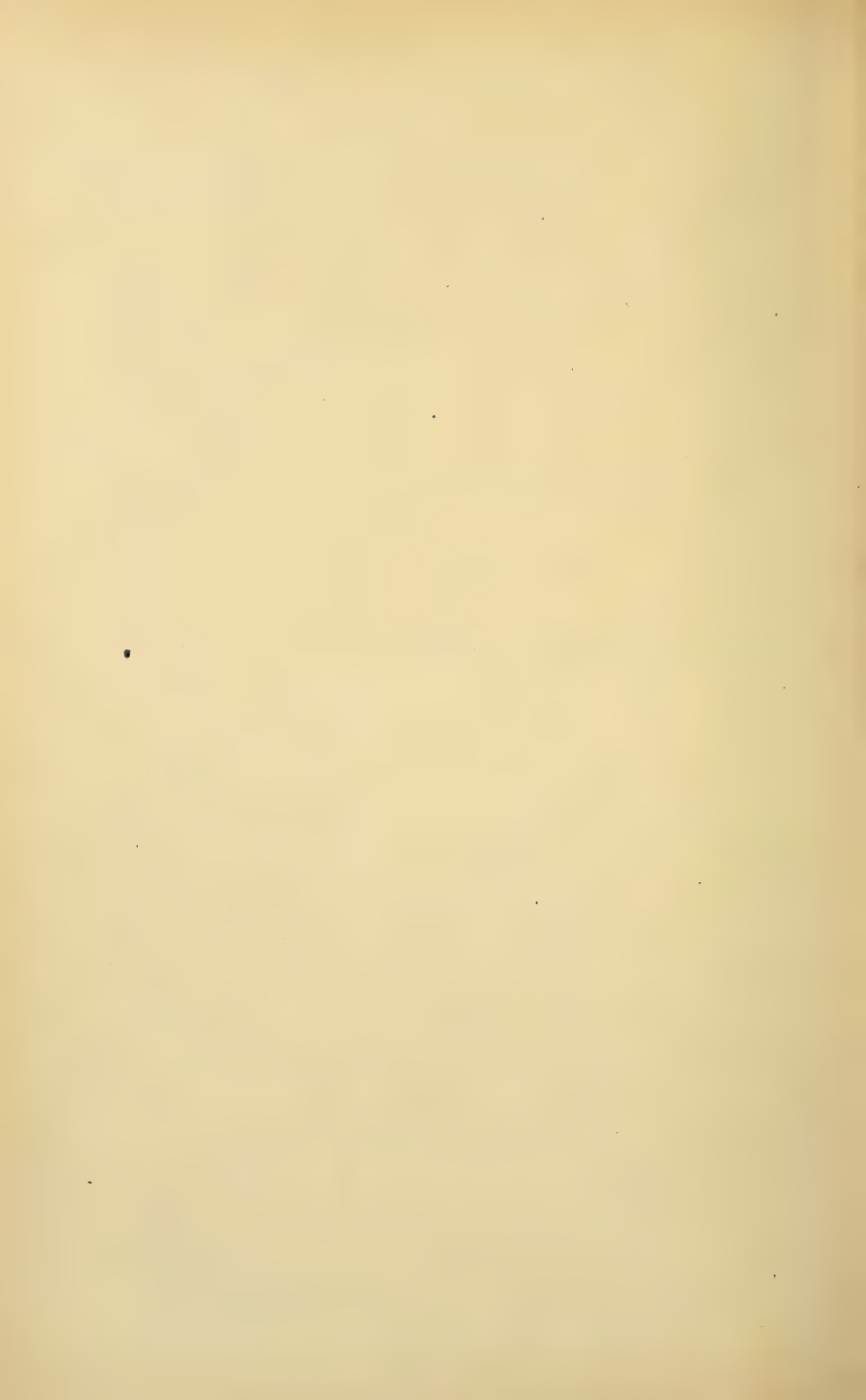
Table No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Richmond.....						
Rockland.....						
St. Lawrence.....		1	1			
Saratoga.....	2	7	9			
Schenectady.....	8		8			
Schoharie.....						
Schuyler.....		1	1			
Seneca.....	2		2			
Steuben.....	1	1	2			
Suffolk.....	1	2	3			
Sullivan.....		2	2			
Tioga.....						
Tompkins.....						
Ulster.....	2		2			
Warren.....		2	2			
Washington.....						
Wayne.....		1	1			
Westchester.....	1		1			
Wyoming.....	26	25	51			
Yates.....						
Unascertained.....	12	3	15			
Total.....	415	401	816	.....	1	1

FOURTEENTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
State Commission in Lunacy

November 1, 1906

[1217]



STATE CHARITIES AID ASSOCIATION

OFFICERS — 1906-1907

MR. JOSEPH H. CHOATE.....	President
MRS. WILLIAM B. RICE.....	Vice-President
MR. GEORGE F. CANFIELD.....	Vice-President
MISS LOUISA LEE SCHUYLER.....	Vice-President
MR. EDWARD W. SHELDON.....	Treasurer
MRS. HENRY OOTHOUT.....	Librarian
MR. HOMER FOLKS.....	Secretary
MISS MARY VIDA CLARK.....	Assistant Secretary

MANAGERS

Term Expires 1907

MRS. TUNIS G. BERGEN,	MR. GEORGE F. CANFIELD,
MISS M. KATE BRICE,	MR. JOSEPH H. CHOATE,
MISS HELEN C. BUTLER,	MRS. WM. KINNICUTT DRAPER,
MR. CHARLES S. FAIRCHILD.	

Term Expires 1908

DR. CHARLES HITCHCOCK,	MR. JOHN A. McKIM,
MR. FRANCIS C. HUNTINGTON,	MISS RUTH MORGAN,
MR. CHARLES H. MARSHALL,	MRS. HENRY OOTHOUT,
MRS. WILLIAM B. RICE.	

Term Expires 1909

MR. EUGENE A. PHILBIN,	MR. P. TECUMSEH SHERMAN,
MR. EDWARD W. SHELDON,	MR. FELIX A. WARBURG,
MISS LOUISA LEE SCHUYLER,	DR. GEORGE G. WHEELLOCK,
MRS. MARY HATCH WILLARD.	

COMMITTEE ON THE INSANE

MR. GEORGE F. CANFIELD, *Chairman.*
MISS MARY VIDA CLARK, *Secretary.*

DR. CHARLES L. DANA,	MR. WILLIAM CHURCH OSBORN,
MR. CHARLES S. FAIRCHILD,	DR. FREDERICK PETERSON,
MR. HOMER FOLKS,	MR. FRANCIS C. HUNTINGTON,
DR. CHARLES HITCHCOCK,	MISS LOUISA LEE SCHUYLER.

SUB-COMMITTEE ON THE AFTER-CARE OF THE INSANE

MISS LOUISA LEE SCHUYLER, *Chairman.*
MISS MARY VIDA CLARK, *Secretary.*

MISS FLORENCE M. RHETT,	MRS. HERBERT L. SATTERLEE,
MRS. JAMES ROOSEVELT,	MRS. FRANK SULLIVAN SMITH.

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

Manhattan and Central Islip After-Care Committee

*Appointed for Manhattan February 15th, 1906.**Appointed for Central Islip February 5th, 1907.*MISS FLORENCE M. RHETT, *Chairman*, 122 East 34th street, New York.MRS. ALBERT H. HARRIS, *Secretary*, 131 Central Park West, New York.

FOR MANHATTAN STATE HOSPITAL.

MISS JEAN C. PALMER, 37 Madison avenue, New York.

MRS. HERBERT L. SATTERLEE, 37 East 36th street, New York.

MISS SHIPPEN, 320 Lexington avenue, New York.

FOR CENTRAL ISLIP STATE HOSPITAL.

MRS. W. MAYO DUDLEY, 550 Park avenue, New York.

MRS. JOHN C. O'CONOR, 24 East 33d street, New York.

Ex-Officio Members.

FOR MANHATTAN STATE HOSPITAL.

MRS. HARRISON KERR BIRD, 24 West 40th street, } *Managers.*

MRS. FRANCIS P. KINNICUTT, 39 East 35th street, }

DR. WILLIAM MABON, *Superintendent*, Manhattan State Hospital.

FOR CENTRAL ISLIP STATE HOSPITAL.

MRS. AUGUSTUS FLOYD, Mastic, } *Managers.*

MR. H. H. HOLLISTER, Islip, }

MRS. WILLIAM ROBISON, Massapequa, }

DR. GEORGE A. SMITH, *Superintendent*, Central Islip State Hospital, Central Islip.

WILLARD AFTER-CARE COMMITTEE

*Appointed April 10th 1906.*MRS. W. W. HOPKINS, *Chairman*, Geneva.MRS. H. A. PORTER, *Secretary*, Ovid.

MRS. H. K. ARMSTRONG, Penn Yan.

MRS. JOHN DAVENPORT, Bath

REV. J. W. JACKS, D D., Geneva.

MRS. GEORGE MAGEE, Watkins.

MRS. PHOEBE A. VARY, Newark.

*Ex-Officio Members.*MRS. MILO M. ACKER, Hornell, } *Managers.*

MR. FRED J. MANRO, Auburn, }

MRS. EDWIN C. STEWART, Ithaca, }

DR. R. M. ELLIOTT, *Superintendent*, Willard State Hospital, Willard.

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT
HUDSON RIVER AFTER-CARE COMMITTEE

Appointed May 22nd, 1906.

MRS. JAMES ROOSEVELT, *Chairman*, Hyde Park.
MISS E. D. BININGER, *Secretary*, New Hamburg.
MISS MYRA H. AVERY, Poughkeepsie.
MRS. W. H. HALDANE, Cold Spring.
MRS. THOMAS H. HOWARD, Hyde Park.
MRS. JAMES D. KEITH, Poughkeepsie.
MR. LEWIS R. PARKER, Albany.

Ex-Officio Members.

MISS CATHERINE A. NEWBOLD, Poughkeepsie,
DR. WILLIAM B. GRANGER, Bronxville, } *Managers.*
MRS. SAMUEL B. WARD, Albany, }
DR. ISHAM G. HARRIS, *Acting Superintendent*, Hudson River State Hos-
pital, Poughkeepsie.

BINGHAMTON AFTER-CARE COMMITTEE

Appointed November 8th, 1906.

MR. CHARLES E. LEE, *Chairman*, Binghamton.
MISS CLARA A. HOLMES, *Secretary*, Binghamton.
MISS ANNA B. PRATT, Elmira.
MR. FREDERIC HASKINS, Binghamton.

Ex-Officio Members.

MRS. HENRY OLIVER ELY, Binghamton, } *Managers.*
MR. JERVIS LANGDON, Elmira, }
DR. CHARLES G. WAGNER, *Superintendent*, Binghamton State Hospital,
Binghamton.

STATE CHARITIES AID ASSOCIATION — ANNUAL REPORT

VISITORS TO STATE HOSPITALS

WILLARD STATE HOSPITAL

MR. A. B. HOUGHTON, Corning.
MR. MARVIN OLCOTT, Corning.
MR. JOHN H. OSBORNE, Auburn.
MRS. ARTHUR E. VALOIS, Valois-on-Seneca.

HUDSON RIVER STATE HOSPITAL

MISS MYRA H. AVERY, Poughkeepsie.
MISS E. D. BININGER, New Hamburg.
MR. FRANK B. LOWN, Poughkeepsie.
MR. LEWIS R. PARKER, 25 North Pearl street, Albany.

MIDDLETOWN STATE HOMOEOPATHIC HOSPITAL

MR. D. C. McMONAGLE, Middletown.
MR. H. W. MUNROE, Tuxedo.
MRS. H. W. MUNROE, Tuxedo.
MR. PAUL TUCKERMAN, Tuxedo.
MRS. PAUL TUCKERMAN, Tuxedo.
MR. H. K. WILCOX, Middletown.

BUFFALO STATE HOSPITAL

MRS. BERNARD BARTOW, 481 Delaware avenue, Buffalo.
DR. CHARLES SUMNER JONES, 697 Delaware avenue, Buffalo.
MISS ADA M. KENYON, The Buckingham, Allen and Mariner streets,
Buffalo.
HON. GEORGE A. LEWIS, 258 Elmwood avenue, Buffalo.
MRS. J. J. McWILLIAMS, 277 Linwood avenue, Buffalo.

BINGHAMTON STATE HOSPITAL

MR. FRED H. HASKINS, Binghamton.
MR. CHARLES E. LEE, Front street, Binghamton.

ST. LAWRENCE STATE HOSPITAL

CAPTAIN FRANK CHAPMAN, Ogdensburg.
MR. ANDREW IRVING, Ogdensburg.
MRS. ANDREW IRVING, Ogdensburg.
MR. GEORGE W. KNOWLTON, Watertown.
MRS. GEORGE W. KNOWLTON, Watertown.

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

ROCHESTER STATE HOSPITAL

PROF. SAMUEL A. LATTIMORE, 595 University avenue, Rochester.

MRS. JOHN S. MORGAN, 12 Arnold place, Rochester.

MRS. DANIEL B. MURPHY, 541 University avenue, Rochester.

LONG ISLAND STATE HOSPITAL

MRS. ARNOLD G. DANA, 140 Columbia Heights, Brooklyn.

MR. ALBRO J. NEWTON, 140 Columbia Heights, Brooklyn.

KINGS PARK STATE HOSPITAL

REV. JOHN C. YORK, Huntington, Long Island.

MANHATTAN STATE HOSPITAL

MRS. ALBERT H. HARRIS, 135 Central Park West, New York.

MISS ALICE FINE, 45 Fifth avenue, New York.

MISS FLORENCE M. RHETT, 50 West 45th street, New York.

MRS. HERBERT LIVINGSTON SATTERLEE, 37 East 36th street, New York.

MISS SHIPPEN, 320 Lexington avenue, New York.

CENTRAL ISLIP STATE HOSPITAL

MRS. W. MAYO DUDLEY, 550 Park avenue, New York.

MRS. JOHN C. O'CONOR, 24 East 33d street, New York.

REV. JOHN H. PRESCOTT, Sayville, Long Island.

MR. JOHN H. VAIL, Islip, Long Island.

GOWANDA STATE HOMEOPATHIC HOSPITAL

MRS. WILLIAM BOOKSTAVEN, Dunkirk.

MR. FREDERICK P. HALL, Jamestown.

MRS. GEORGE W. PATTERSON, Westfield.

HON. W. E. WHEELER, Portville.

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

CENSUS OF STATE HOSPITALS AND LICENSED PRIVATE ASYLUMS
FOR THE INSANE, OCTOBER 1, 1906

Utica	1,195	
Willard	2,290	
Hudson River	2,294	
Middletown	1,308	
Buffalo	1,740	
Binghamton	1,559	
St. Lawrence	1,817	
Rochester	1,265	
Long Island	1,105	
Kings Park	2,795	
Manhattan	4,379	
Central Islip	3,793	
Gowanda	817	
	<hr/>	26,357
Matteawan and Dannemora (Criminal insane)		960
25 Licensed Private Asylums		985
	<hr/>	
Total		28,302
	<hr/>	<hr/>

CENSUS OF INSTITUTIONS FOR THE INSANE, OCTOBER 1, 1905

13 State Hospitals	25,520
2 State Hospitals for Criminal Insane	903
25 Licensed Private Asylums	985
	<hr/>
Total	27,408
	<hr/>

COMPARISON OF FIGURES FOR 1905 AND 1906

Increase in 13 State Hospitals	837
Increase in 2 State Hospitals for Criminal Insane	57
	<hr/>
Total increase	894
	<hr/>

FOURTEENTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
STATE COMMISSION IN LUNACY

NEW YORK, November 1, 1906

To the State Commission in Lunacy:

In accordance with chapter 635 of the Laws of 1893, and amendatory acts, the State Charities Aid Association herewith respectfully submits to your Honorable Commission its 14th annual report. The report contains, as usual, much matter which is not new to those to whom it is addressed, but which it seems to us desirable to include for the benefit of the larger number of readers who are not familiar with these subjects.

The table on the opposite page shows the total number of insane persons in State Hospitals and licensed private asylums, on October 1, 1906, to have been 28,302, an increase of 894 over the previous year. Of this total number, 26,357 patients were in the 13 State Hospitals (not including Matteawan and Danemora), being 837 more than on October 1, 1905. This year's increase is larger than last year's, but smaller than that of either of the two preceding years.

The Association's legally appointed visitors to State Hospitals now number 45. They have continued to do admirable work during the past year and have presented interesting annual reports, which appear on pages 1254 to 1275 of this publication. We do not endorse every recommendation made by our visitors, but we believe that the Commission and the public are entitled to know how these institutions impress representative men and women in their localities. In addition to the visits by the local

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

volunteer visitors, visits have been made by the Assistant Secretary of the Association to the Willard, Middletown, Buffalo, Binghamton, St. Lawrence, Rochester, Kings Park, Manhattan and Gowanda State Hospitals.

RECENT LEGISLATION

No measures of special significance in connection with the care of the insane passed the Legislature of 1906, except appropriation bills and a wise provision for the increase in the per capita amount allowed for the erection and equipment of new buildings for patients, a very necessary increase in view of the great advance in recent years in the cost of construction.

Chapter 284 of the Laws of 1906, provides for an increase of from \$450 to \$550 per capita in the amount allowed for buildings for patients on the grounds of existing State Hospitals, while "for buildings specially designed and equipped for the active medical and general care and treatment of insane patients of the acute and curable class," a per capita cost of \$1,000 is allowed.

Chapter 107 of the Laws of 1906, enables the Commission to permit religious bodies to erect on the grounds of State Hospitals, chapels for the holding of religious services, exclusively for the benefit of patients and employees.

Chapter 296 of the Laws of 1906, increased the compensation of the State Board of Alienists and made some changes in the regulations affecting their powers and duties.

The efforts of the Association to secure Federal legislation, amending the Immigration Act, and to provide for better methods in connection with the deportation of insane aliens, are fully described in the section of this report on Insane Aliens, see page 1243.

CAPACITY AND CENSUS OF THE STATE HOSPITALS

On October 1, 1906, there were 26,357 patients in the thirteen State Hospitals, and the total capacity of these thirteen institutions as last certified by the State Commission in Lunacy was 24,629. The excess of the census over the capacity was thus 1,728 for all the State Hospitals. The burden of this excess was, as usual, so unevenly distributed among the different institutions as to result in great overcrowding at some institutions and consid-

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erable numbers of vacancies at others, as shown by the following table:

STATE HOSPITAL	Capacity	Census	Percentage of overcrowding
Utica	1,121	1,195	6.6%
Willard	2,322	2,290	.....
Hudson River	2,053	2,294	11.7%
Middletown	1,222	1,308	7. %
Buffalo	1,688	1,740	3.1%
Binghamton	1,523	1,559	2.3%
St. Lawrence	1,793	1,817	1.3%
Rochester	1,305	1,265	....
Kings Park	2,834	2,795	....
Long Island	1,073	1,105	3. %
Gowanda	812	817	.6%
Manhattan	3,297	4,379	32.8%
Central Islip	3,586	3,793	5.7%
Total	24,629	26,357	7. %

The failure of the Commission to transfer patients from hospitals where there is over-crowding to hospitals where there are vacancies, seems to be largely due to the expense involved in making transfers, and to the unwillingness of patients and their friends to be widely separated. If these objections to the transfer of patients are already so operative, it is interesting to speculate what will happen when the 2,000 and more beds now being added at hospitals in the middle and western parts of the State, are ready for the reception of patients from the metropolitan district.

Unless there is unreasonable delay in the completion of buildings now under way, the capacity of the State Hospitals will probably equal their census by the spring of 1908. By that time there will probably be about 27,500 patients under State Hospital care. Where accommodations will be provided for these patients, may be seen from the following table compiled from figures furnished by the 17th annual report of the State Commission in Lunacy.*

*For a more detailed table showing figures for individual hospitals, see Appendix A page 1276.

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STATE HOSPITALS		Certified capacity Oct. 1, 1905	Additional beds being added	Capacity with new beds	Insane population of districts June 1, 1906
4	State Hospitals in New York				
	City and on Long Island....	9,905	870	10,775	12,918
9	State Hospitals outside New				
	York City and Long Island..	13,620	2,873	16,493	12,123
Totals 13 State Hospitals..		23,525	3,743	27,268	25,041

It thus appears that with the completion of new buildings and the alteration of existing buildings now under way, the capacity of the State Hospitals will be sufficient to accommodate all the patients who by that time will have accumulated in them. It is also, however, most unfortunately apparent that these increased accommodations will be almost altogether in the wrong place, namely, in the middle and western parts of the State, while the patients for which they are designed, will come from the southeastern part of the State. The State Hospitals outside of New York City and Long Island will have room for between 3,000 and 4,000 more patients than are likely to be furnished by the districts from which their patients are supposed to come; while New York City will probably furnish about the same number of patients in excess of what the hospitals in the city and on Long Island can properly accommodate. This means, of course, that unless the congestion of the hospitals in the southeastern part of the State is to continue, between one-third and one-fourth of the patients from the Metropolitan district must be sent to State Hospitals far away from their homes and friends. This discrimination by the State against the people of the City of New York is indefensible, and the practice of a policy which causes inconvenience and suffering to patients and their friends should not be continued. Without further delay, a new State Hospital should be provided in the southeastern part of the State, the section in greatest need of relief. It is to be remembered that there are more insane from the four counties embraced in New York City, than from all the other 57 counties of the State put together, and yet three out of four of the beds now being added at State Hospitals are at hospitals not supposed to take patients from the Metropolitan district. The nearest hospitals are at Middletown

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and Poughkeepsie, 66 and 75 miles away, respectively, and all the others at distances of from 200 to 500 miles.

A new hospital is needed to supplement the Manhattan State Hospital, and may be needed to replace it, for with the expiration in 1911, of the State's lease of the City's property on Ward's Island where the hospital is located, it may be impossible to secure an extension of the lease, and the four thousand and more patients accommodated there may be unhoused. The selection of a site for the new hospital is a matter of urgent and immediate importance, and it is earnestly to be hoped that in this case the long delay, sometimes of several years, which generally accompanies the selection by State Commissions of sites for State institutions may be obviated. It is suggested that the Legislature of 1907 should appoint a Commission to select a site for a new hospital in the southeastern part of the State, and that this Commission should begin its work by ascertaining whether some of the sites already under consideration by State authorities for other purposes might not be suitable and available. Two State Commissions are now engaged in selecting sites for State institutions—one for a new State Prison to replace Sing Sing, which the law requires shall contain not less than 500 acres and be located in the eastern part of the State, south of Poughkeepsie; the other a State Training School for Boys, which must contain not less than 1,000 acres and be within 70 miles of New York City. It would seem reasonable to suppose that some of the sites brought to the attention of these Commissions might equally well answer the purposes of a State Hospital and, by utilizing the work of these Commissions, the State might be saved much expense and delay in connection with the selection of land for a third State institution in the southeastern part of the State.

MEETINGS OF BOARDS OF MANAGERS AND ATTENDANCE OF MANAGERS

As this Association was largely instrumental in the re-establishment of the Boards of Managers of State Hospitals last year, we have followed with great interest the reorganization of the system of management temporarily interrupted during the three preceding years. We have noted with special gratification the high character of most of the appointments to serve on the boards of managers. As we have had occasion to say before, the ultimate

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success of a system is, after all, largely based upon the character and efficiency of the individuals who are charged with the duty of putting it into operation. It is of the utmost importance that the men and women who compose the boards of managers of our State institutions should be of such influence and standing in the community as to commend to public trust the system that they represent.

While we realize that attendance at meetings is not necessarily a criterion of a manager's usefulness and a measure of the amount of service performed in behalf of the hospital, it is still a substantial indication of interest in the work and of conscientious devotion to the duties of the office proffered and accepted with a view to the performance of this service among others. The requirements of the Insanity Law, with relation to attendance at meetings, are very explicit. The law provides that each Board shall "hold regular meetings at least once each month" and "if any manager fails for a period of six months to attend the regular meetings of the board of which he is a member, the Secretary of the Board shall notify the Governor of such absence, with any explanation thereof which may be submitted by such manager, and unless the Governor shall, within thirty days thereafter notify the Secretary that he has excused such manager for such absence, the office of such manager shall thereupon be deemed to be vacant; and if any manager fails for one year to attend such regular meetings, his office shall become vacant. When any such vacancy shall occur, the Board by resolution shall so declare and a certified copy of such resolution shall forthwith be transmitted by the Board to the Commission and to the Governor. In the month of January of each year, the Secretary of the Board of Managers shall transmit to the Governor a statement showing the record of attendance of each manager at meetings of the board, the number and dates of visits to the hospital, with a statement of any other work for the hospital performed by such manager, which such manager may request to have transmitted to the Governor."

The difference in the time of the original appointment of the different boards, and the frequent existence of vacancies on the boards for considerable periods of time, affect the number of meetings held and the average number of managers present, as shown by the first three columns of figures in the following table. More justice is therefore done to the managers by the figures in

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the last two columns, showing the relation of the total actual attendance to the total possible attendance, these figures being based on the actual number of managers serving, exclusive of vacancies, and the actual number of meetings attended by managers holding office, in relation to the total number that each manager might have attended from the date of his or her appointment until December 31, 1906. These figures are taken from records in the office of the State Commission in Lunacy furnished by the various Boards, and supplemented when manifestly inaccurate by direct communication with the Secretaries of the Boards of Managers.

It is to be remembered that some hospitals are easy of access to their managers, while to reach others, requires a great expenditure of time and strength on behalf of most of the members of their boards. It is all the more creditable therefore to the managers of the Kings Park, Willard and St. Lawrence State Hospitals that they should stand highest on the list of those attending meetings regularly.

TABLE SHOWING THE ATTENDANCE OF MANAGERS OF STATE HOSPITALS AT MEETINGS HELD FROM JUNE, 1905, TO DECEMBER, 1906, INCLUSIVE, ARRANGED IN ORDER OF PERCENTAGE OF REGULARITY OF ATTENDANCE

NAME OF STATE HOSPITAL	Number of meetings recorded	Total attendance of managers	Average number present	Total possible attendance of managers	Proportion of attendance to possible attendance
1. Kings Park	18	93	5.17	116	80.17
2. Willard	19	102	5.36	133	76.69
3. St. Lawrence	18	87	4.83	119	73.11
4. Long Island	14	62	4.43	86	72.09
5. Rochester	13	64	4.92	90	71.11
6. Utica	18	86	4.77	122	70.49
7. Hudson River	16	73	4.56	109	66.97
8. Middletown	18	66	3.66	100	66.
9. Gowanda	13	51	3.92	78	65.37
10. Manhattan	12	48	4.	74	64.86
11. Binghamton	11	42	3.81	70	60.
12. Central Islip	17	63	3.71	107	58.87
13. Buffalo	16	63	3.94	111	56.75
	203	900	4.39	1,315	67.88

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RECEPTION HOSPITAL FOR THE INSANE IN NEW YORK CITY

Gratifying progress has been made in the establishment of the Reception or Psychopathic Hospital authorized by the Legislature of 1904 (chapter 760, Laws of 1904). During the past year a site has been selected and acquired and is about to be leased to the State. When this is done the city's share of the undertaking will be largely completed and it will remain for the State to erect the hospital.

The matter has been brought before the Board of Estimate and Apportionment and other municipal bodies several times during the year. At a meeting of the Board of Estimate and Apportionment, held December 29, 1905, the matter came up in the form of a recommendation by the Commissioner of Health, to whom it had been referred September 29th, for a report as to the desirability of the site then proposed. The acquisition of the site recommended by the Commissioner of Public Health was opposed by a large and influential delegation of taxpayers residing on the property in question or adjoining property. It then became evident that strong opposition would develop to the selection of any already occupied blocks. As a result of this opposition the matter of the selection of a site was referred back to the Finance Department for a report as to whether any unoccupied blocks on the East River were available for the purpose. Subsequently various sites farther north than those first considered were visited and their availability inquired into by representatives of this Association, the State Commission in Lunacy and the Department of Finance, and the site finally selected as the most suitable under the circumstances was a plot of ground situated on what is called Exterior Street, facing the East River and extending from 73rd to 74th Streets, 250 feet in depth. This site was called to the attention of the State Commission in Lunacy by the appraiser of real estate of the Department of Finance, and at a meeting of the Board of Estimate and Apportionment, held April 20, 1906, a communication was presented from the President of the State Commission in Lunacy, Dr. William Mabon, stating that he had examined the proposed site and on behalf of the Commission, approved of it "as to its locality, sufficiency and adaptability." At this meeting the President of the Commission was present and

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urged in person the favorable consideration of the site selected. The matter was referred to a Special Committee consisting of the President of the Board of Aldermen, the President of the Borough of Manhattan and the Comptroller. At a meeting of the Board of Estimate and Apportionment, held May 25, 1906, this committee having reported favorably on the selection of the site between 73rd and 74th Streets, the Board passed the following resolution:

“Whereas, The Legislature of the State of New York adopted an act known as chapter 760 of the acts of the Legislature, which became a law May 14, 1904, which act authorized ‘The City of New York to acquire a site and to lease the same to the State for the establishment thereon of a Reception Hospital for the Insane’ and authorized the Commission in Lunacy to erect such hospital; and

“Whereas, There have been presented to this Board, letters from the Commissioner of the Department of Health and the President of Bellevue and Allied Hospitals, and from several other charitable institutions of the City of New York, requesting that the city take action thereon; therefore be it

“Resolved, That the Board of Estimate and Apportionment hereby approves of, and selects as a site in the Borough of Manhattan, City and County of New York, for the establishment thereon by the State of New York of a Reception Hospital for the Insane, bounded and described as follows: (here follows a detailed description of the property)—and the Comptroller be and he hereby is authorized to enter into contracts for the purchase of the above described property at private sale at a price not exceeding \$145,000, said contracts to be submitted to the Corporation Counsel for his approval as to form; and be it further

“Resolved, When title to said premises is vested in the City of New York, that the Commissioners of the Sinking Fund enter into a lease with the State of New York, at a nominal consideration to the State Commission in Lunacy, in the name and for the use and benefit of the State, for the term of not less than fifty years, with the privilege to the State of extending such lease for a like term of years, as provided by said chapter 760 of the Laws of 1904; and be it further

“Resolved, That, pursuant to the provisions of section 47 of the Greater New York Charter, as amended, the Board of Esti-

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mate and Apportionment hereby approves of the issue of corporate stock of the City of New York, to an amount not exceeding \$146,000, to provide for the acquisition of the above described property and the examination of title thereto, and that when authority shall have been obtained from the Board of Aldermen, the Comptroller is authorized to issue corporate stock of the City of New York in the manner provided by section 169 of the Greater New York Charter, to an amount not to exceed \$146,000, the proceeds thereof to be applied to the purposes aforesaid."

At a meeting of the Board of Aldermen, held May 29, 1906, the resolution passed by the Board of Estimate and Apportionment was approved of and concurred in, and the matter of the appropriation was referred to the Finance Committee of the Board of Aldermen. This Committee held a public hearing June 18, 1906, on the ordinance of the issue of corporate stock for the acquisition of the property selected as a site for the hospital. Dr. Brannan, President of the Department of Bellevue and Allied Hospitals, and the Secretary of this Association appeared and urged the adoption of the ordinance, explaining its purpose.

Favorable action was taken by the Finance Committee, which recommended to the Board of Aldermen, at a meeting of that Board, held June 19, 1906, that the ordinance be adopted. The Committee stated in its report on the site "that it will provide a hospital dispensary where mentally diseased persons can be properly treated for a reasonable time without the necessity of a commitment and also without the necessity of going to Ward's Island. It is a scheme highly endorsed by all the charitable and philanthropic societies and is expected to be a saving in money to the city." The Board of Aldermen thereupon approved of and concurred in the resolution adopted by the Board of Estimate and Apportionment May 25th, and authorized the Comptroller to issue corporate stock of the city of New York to the amount and for the purposes therein specified.

Pursuant to this action the Department of Finance took steps to acquire the property, and the title to the premises became vested in the City of New York on August 3, 1906.

The Commissioners of the Sinking Fund thereupon authorized a lease of the property to the State Commission in Lunacy "in the name of and for the use and benefit of the State of New York at an annual rental of \$1 for a term of fifty years, from October 1, 1906, with the privilege of renewal for an additional

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fifty years." At a meeting of the Board of Estimate and Apportionment, held September 13, 1906, this action of the Commissioners of the Sinking Fund was reported. The report was accepted and the resolution authorizing the lease was adopted.

At the date of closing this report, the lease was awaiting signature by the State and city authorities to complete the transaction.*

FIRST ANNUAL REPORT OF THE SUB-COMMITTEE
ON THE AFTER CARE OF THE INSANE

In our last year's report we expressed the hope that during the coming year it might "be found possible to carry into practical operation some plan of assistance for those among the recovered insane (recently discharged from State Hospitals), who are in need of material relief or advice and counsel." This hope has been realized, and it is gratifying to be able to state that this Association, during the past year, has initiated and put into operation the first organized practical work in this country for After Care of the Insane. The first steps in this movement were taken on November 19, 1906, when, at a conference of the State Commission in Lunacy with the Managers and Superintendents of State Hospitals, held in New York City, Miss Louisa Lee Schuyler, of our Committee on the Insane, upon invitation of the Chairman, Dr. Mabon, addressed the conference on the subject of "After Care of the Insane." Miss Schuyler gave a brief account of the work of the English After Care Association, based upon information obtained by her during the previous summer while in England, and closed with the following statement, outlining a plan for the organization of such work in the State of New York:

"Conditions in England differ from those we have here, but the need of a helping hand to be extended to poor and friendless convalescents, and those discharged cured, upon leaving our State Hospitals, is just as much needed here as there, and this is what we ought to do.

"We need no new society because we have the machinery ready at hand; nor do we need to establish a new institution, or to own buildings, or incur large expense. All that we need is earnest

* As this report goes to press, we learn that the lease has been signed by the Mayor of New York City and the State Commission in Lunacy. The next step, as provided in the law, is the preparation by the State architect of plans for the building.

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interest in the subject, co-operation, organization, readiness to work.

"I have thought that, with the concurrence of the medical superintendents, of two or three members of the re-established boards of managers of our State Hospitals, and of some of the local visitors of the State Charities Aid Association — those living in the respective State Hospital districts — that, with this combination, a working joint committee to provide After Care might be formed for each State Hospital. The experiment might be tried at first on a small scale, with one State Hospital, to see how it would work. I should like to see it tried, and will gladly help toward it in any way I can."*

The Chairman suggested that the subject be again presented in the form of a paper at a later conference. This suggestion was promptly adopted by the Chairman of the Committee on Topics and, at the next conference of the State Commission in Lunacy with the Managers and Superintendents of State Hospitals, held at the State Capitol at Albany, January 30, 1906, a paper upon After Care of the Insane, by Dr. Adolf Meyer, was read and discussed. The conference was largely attended, by representatives of the State Commission in Lunacy, by the medical superintendents and some of the managers of the State Hospitals, and by several officers and members of the State Charities Aid Association. It was presided over by Dr. William Mabon, President of the State Commission in Lunacy.

The following resolutions were adopted by unanimous vote of the conference:

"Resolved, That in the opinion of this Conference, it is desirable that there shall be established in this State, through private philanthropy, a system for providing temporary assistance and friendly aid and counsel for needy persons discharged, recovered, from State Hospitals for the Insane, otherwise known as 'After Care for the Insane.'

"Resolved, That the State Charities Aid Association be requested, by this Conference, to organize a system of After Care for the Insane in this State, and to put it into practical operation.

"Resolved, That the representatives of the State Commission in Lunacy and the managers and superintendents of the State Hospitals for the Insane, here present, hereby pledge to the State

* This address is given in full in Appendix B of this report, see page 1277.

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Charities Aid Association their earnest and hearty co-operation in the establishment and maintenance of a system of After Care for the Insane in this State.”

The proceedings of this Conference are given in detail in the printed minutes of the Conference; and also in the first report of the Sub-Committee on the After Care of the Insane. (S. C. A. A. Publication No. 92.)

Immediately after this Conference the Committee on the Insane of the Association appointed a Sub-committee on the After Care of the Insane (Miss Schuyler, Chairman, Miss Mary Vida Clark, Secretary), to carry into effect the resolutions adopted by the Conference, as quoted above. At a meeting of the Board of Managers of the State Charities Aid Association, held February 9, 1906, the first report of the Sub-committee was presented and approved. The report outlines the plan of organization as follows:

“We propose that After Care Committees for each State Hospital shall be appointed by the Association, which shall work under the immediate control and direction of the ‘Sub-committee on After Care of the Insane’ of our Standing Committee on the Insane. These Hospital District Committees shall consist of the present visitors of the Association to the State Hospitals, or such of them as may be willing to serve, with others added as the need may arise, all residents of their respective Hospital Districts; and with them, as *ex-officio* members of the Committee, two or more Managers to be appointed by each Hospital Board, and the Superintendent of the Hospital. The chairmen and secretaries of the Committees are to be members of the Association. The Committees are to receive the names of their respective Hospitals, viz.: ‘Manhattan After Care Committee of the State Charities Aid Association,’ ‘Willard After Care Committee,’ etc.

“In regard to expenses. Fortunately there is a humane provision on the statute books of our State, which makes it mandatory for Superintendents of Hospitals to supply to each patient leaving hospital, who may require it, clothing suitable to the season, and money, not to exceed \$25, for traveling and other necessary expenses until he can reach his home or find employment. That section of the Insanity Law reads as follows:

“‘Sec. 75. *Clothing and money to be furnished discharged patients.*—No patient shall be discharged from a State Hospital

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without suitable clothing adapted to the season in which he is discharged; and, if it cannot be otherwise obtained, the steward shall, upon the order of the Superintendent, furnish the same, and money not exceeding twenty-five dollars, to defray his necessary expenses until he can reach his relatives or friends, or find employment to earn a subsistence.'

"It is expected that money advanced by the Committee for the temporary assistance of needy discharged patients, as defined and limited by the above section, will be repaid by the hospitals upon the presentation of proper vouchers.

"For our part, we have offered to pay the entire administrative expenses; more especially for the employment of an agent whose duties, under our direction, will be to help local Committees requiring assistance in different parts of the State. This means a salary, traveling and other After Care expenses, which we estimate to amount to about \$2,500 annually. For these purposes and for the assistance, if needed, of patients beyond the \$25 allowed by the State, we shall have to ask for contributions from those who may wish to help." (S. C. A. A. Publication No. 92).

At the first meeting of the Sub-committee on the After Care of the Insane, held February 15, 1906, the first Hospital District Committee was appointed, that of the "Manhattan After Care Committee" (Miss Florence M. Rhett, Chairman). Shortly afterwards an agent trained and experienced in work among the poor in their homes, Miss E. H. Horton, was engaged as After Care agent by the Sub-committee, and was immediately assigned to the duty of assisting the Manhattan After Care Committee.

After Care Committees were subsequently appointed as follows: For the Willard State Hospital, April 10, 1906; for the Hudson River State Hospital, May 22, 1906; for the Binghamton State Hospital, November 8, 1906. These Committees have done very valuable work for the patients discharged, recovered, from their respective State Hospitals and have presented interesting reports to the Sub-committee. The work of the Committees outside of New York City has been done almost exclusively by the regular and *ex-officio* members, but the Agent of the Sub-committee has continued to assist the Manhattan After Care Committee in the great amount of work required in connection with the large numbers of patients discharged from the hospital on Ward's Island to their homes in the City of New York, or fre-

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quently discharged to the Committee in the absence of a home or friends to whom they can go.

The plan of co-operation between the Hospital District After Care Committees and the State Hospitals has been outlined in detail and, to give a definite idea of the actual procedure which is followed, is here presented:

1. The Hospital is to notify the Committee of cases likely to be discharged, as soon as such discharge seems reasonably certain, preferably from a week to a month before the patient is likely to leave the Hospital. The Hospital is to furnish the Committee at that time with a summary of such facts in connection with the history of such patient recommended for supervision as will be of assistance to the Committee in the investigation of the case, including the name, age, nativity, creed, occupation, civil condition, date of commitment, previous commitments, form of insanity, character, habits and tendencies and previous history and circumstances of the patient, and the names and addresses of the patient's relatives and friends, the character and condition of the home and the number in the family so far as known.

2. The Hospital is to notify the Committee of the final discharge, or discharge on parole, of every patient within 48 hours of such discharge, and to furnish at this time particulars regarding the case, if such particulars have not been previously furnished.

3. The Hospital is to notify the Committee if it learns of a likelihood on the part of any former patient to relapse, or of the desirability of assistance or advice in preventing a relapse on the part of former patients, whether such patients are on parole or have been finally discharged.

The Hospital After Care Committees undertake to visit through their members, or the agent of the Sub-committee, the homes and friends of patients about to be discharged, and to report immediately to the hospital such facts and recommendations as may seem likely to be helpful to the hospital in making a decision as to when and to whom patients should be discharged. The Committees also undertake to visit in their homes all patients discharged on parole, who in the opinion of the hospital may need supervision, and to report to the hospital before the expiration of the period of parole such facts as may be of service to the hospital. The Committees are ready, at the request of the hos-

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pital, to investigate the circumstances of any former patients who have been discharged, recovered, who may be considered by the hospital to be in danger of a relapse, and to require assistance or advice to maintain their physical or mental health.

In carrying out this plan of co-operation the hospital physicians have shown a generous appreciation of the value of the work done for their patients, and an earnest effort to fulfill the requirements made of them, by bringing to the attention of the Committees cases requiring assistance or supervision. By making suggestions from their extensive experience of such cases, as to the kind of assistance required, the hospital physicians can be, and have already proved themselves, invaluable allies of the Committees, co-operating with them for the permanent welfare of their patients. The practical operation of this plan may be better understood by a study of individual cases. We therefore select from among those reported by the different After Care Committees a few individual cases assisted by these Committees, to illustrate the aims and methods and results of this work.

A. B.—A middle-aged woman, discharged from hospital May 14, 1906. She was too weak to work and the After Care agent arranged to send her to board in the country on a farm. While there she has gained steadily. Upon her return a situation will be found for her.

C. D.—While in hospital for a number of months, her husband died, and her only child, a little girl of 12, had to be cared for by strangers. Mother worried about child, and doctor asked agent to see child and report. She found the child well and happy, and the man and wife with whom it was, much attached to the little girl. Agent secured a place with this family, at low wages, for the mother upon her discharge from the hospital. Has visited C. D. several times, and finds her much improved and very happily settled with her child.

E. F.—Discharged September 8, 1906. Agent visited her relatives several times, but found them not able to assist her in any way; also made various attempts to secure work for her. Finally found a place for her as ward helper in Bellevue Hospital, purchasing for her the necessary clothing. When calling to see her two weeks later, learned from the nurses that her work was satisfactory and that she was doing well.

G. H.—A married man, about 40 years old, who had broken down from over-work as bookkeeper in a large firm. After a few

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months at the hospital, he completely recovered, and a position was found for him in a bank, where he had formerly worked and where he was given employment of a less responsible and exacting nature, but at a very good salary.

J. K.—A young woman who had been a domestic. She was without friends to assist her and was provided for by the Committee with a temporary lodging place in the city, through the courtesy of the Children's Aid Society Emergency Shelter, and later with a good situation, as a domestic, through the Charity Organization Society's Agency for the Handicapped.

L. M.—A young girl of 17, whose mind became unbalanced largely because of poverty, sickness and unsanitary conditions at home. The Committee, with the co-operation of the Association for Improving the Condition of the Poor, the church and a settlement in the neighborhood, established the home-life on a somewhat better basis, provided better rooms and sent the girl and her little sister to the seashore and after their return, got the girl to join a social club at the Settlement where she will have pleasant associates and more opportunities for recreation.

N. O.—A preventive case, heard of through a State Hospital physician who served at a dispensary in the city, and there met a young girl who was so run down and nervous as to be threatened with a mental breakdown. She was sent to the country for several weeks and was completely restored to health.

P. R.—Young woman from the West who had no friends or relatives in the city; an excellent worker but, when recovered and able to leave the hospital, had no place to go to. She was discharged to the Agent who placed her with a lady, with whom she is happy, and who finds her a most satisfactory servant.

S. T.—Young woman, a Hungarian, entirely recovered, whose husband was anxious to take her home. Agent called to see her home, and found that the man was boarding in very crowded quarters and not working, although a plasterer who could earn good wages. Learned from neighbors and the woman's family that he never had worked, that his wife had supported him. Her brother was willing to pay her passage home to Germany, where her father and mother have their own home, and she was glad to go. The husband was finally persuaded to consent, and the woman sailed for Germany within a week of her discharge from the hospital.

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The Committee is glad to report that the expense of the work has not been so large as was expected at the outset. It has averaged about \$100 a month. The comparatively small cost of the work is due to the fact that the Committee has been able to avail itself of the many existing charities in New York City which have shown a gratifying willingness to co-operate with our After Care Agency in furnishing temporary boarding places in the country or at the seashore, in providing material assistance in the home, in helping us to secure employment for our recovered patients, and in other ways.

The Committee has not been obliged, except in a very few instances, to call upon the State hospital funds for reimbursement for expenditures, provided for under section 75 of the Insanity Law, which authorizes the expenditure of \$25 for the temporary assistance of a patient discharged from a State Hospital. Whenever it has been found necessary to call upon a State Hospital for such assistance the bills have been immediately approved and forwarded to the office of the State Commission in Lunacy where they have been honored.

While the central office is responsible for the administrative expenses, including the salary and traveling expenses of the After Care Agent, and the hospital district After Care Committees are at liberty to call upon the Sub-committee to assist them, it is hoped that each Committee will endeavor to raise a small fund of its own over and above the amount received from the public funds, to meet the expense of assisting individual patients accepted for supervision by the Committee.

The Committee is gratified to note the many evidences of a wide-spread interest in After Care work. An account of the work of the Association for the After Care of the Insane was presented by Dr. Adolf Meyer, Director of the New York State Pathological Institute, at the annual meeting of the American Neurological Association, and by Dr. William Mabon, Superintendent and Medical Director of the Manhattan State Hospital, at a meeting of the American Medico-Psychological Association, both held in Boston in June, 1906.

The following resolution was unanimously adopted at the annual meeting of the American Medico-Psychological Association:

"Whereas, The State Charities Aid Association of New York has recently established a Committee on the After Care of the Insane to work in co-operation with the State Hospitals for the

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Insane in that State, and to provide temporary assistance, employment and friendly aid and counsel for needy persons discharged from such hospitals as recovered, and

"Whereas, In the opinion of the American Medico-Psychological Association, it is very desirable that there should be carried on in connection with all hospitals for the insane such a system of After Care, therefore

"Resolved, That the American Medico-Psychological Association expresses its gratification at the inauguration of this movement in the State of New York, and its earnest hope that similar work may be undertaken for hospitals for the insane generally."

Editorial articles on the subject appeared in the July, 1906, numbers of the "American Journal of Insanity" and the "Albany Medical Annals." The Sunday editions of the New York Tribune and the New York Sun had, during the summer months, extensive articles on the work of the Association for the After Care of the Insane. A number of letters have been received from physicians and public officials in different parts of the country, referring to articles which had appeared in papers or medical journals and asking for printed reports and further information. Several of these correspondents have written with a view to the establishment of similar work in their localities. We greatly hope that work for the After Care of the Insane, now in practical operation in the State of New York, may soon be undertaken in other States of this country.

INSANE ALIENS

For the benefit of those who are interested in the methods of detecting mental disease or defect among arriving immigrants, in the deportation of insane aliens, and in the provision for temporary care of aliens ordered deported, we here summarize the history of the Association as connected with these matters, already more fully described in our two previous annual reports.

On May 2, 1904, two of the visitors of the Association to the Manhattan State Hospital on Ward's Island, when visiting the hospital, were told that it had come to the attention of the hospital staff in several cases that insane aliens deported by the United States Government did not reach their homes so promptly as they should, and perhaps not at all. The visitors asked to be

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informed of cases of deportation in order that the methods of procedure might be studied. Consequently, during May and June, 1904, several such cases were reported by the Manhattan State Hospital. The results of the investigation of these cases were given in the 12th annual report of the Association to the State Commission in Lunacy (p. 29 to 35).

In May, June and July, of 1904, the Secretary of the Association had some correspondence on the subject with the Hon. William Williams, then Commissioner of Immigration on Ellis Island. In a letter of July 7th, the attention of the Commissioner was called to the possibly serious consequences of returning certain classes of aliens, particularly unprotected young women, to foreign ports at considerable distance from their homes, without previous provision for their safe transportation to the point of original departure, and the Commissioner was asked whether the phrase of the law requiring that an alien be deported "to the country from whence he came" might not be held to denote the country from which the alien started and in which his home had heretofore been. Commissioner Williams, in a letter of July 8, 1904, made the following reply: "I beg to state that it is the opinion of the Bureau that the law does not require steamship companies to take aliens further than the port of embarkation, the phrase 'on vessels bringing them' being significant on this point. I trust that Congress may see its way clear to remedying the defect and enacting new legislation providing for the return of an alien to the original point of departure."

After this correspondence, additional information was secured from time to time regarding the workings of the Immigration Law and the Immigration Service on Ellis Island as related to the insane and the alleged insane, and existing conditions were described and recommendations made in the 12th and 13th annual reports of the Association to the State Commission in Lunacy, for the years ending September 30, 1904 and 1905 respectively. In the same reports will be found a statement upon this subject, quoted from the annual report of the Superintendent of the Manhattan State Hospital, September 30, 1904.

The unsatisfactory nature of existing methods of deporting insane aliens was again forcibly brought to the attention of the

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Association by a letter of November 15, 1905, from the resident alienist at Bellevue Hospital asking for the assistance of the Association in tracing a patient who had been deported and whose relatives both in Europe and in this country were unable to learn of his whereabouts, and including the following statement: "We frequently get letters from the relatives and friends of patients who have been deported (approximately six this year) stating that they have never been heard from. As you know, this is very distressing, and it seems to me that the Immigration Department or the Federal authorities should take some action to secure the safe arrival of such patients to their destination."

On December 28, 1905, a letter was addressed by the Secretary to Hon. Robert Watchorn, Commissioner of Immigration at Ellis Island, calling his attention to the interest of the Association in this subject, and to the correspondence with his predecessor, and asking him to meet a Sub-committee of the Association's Committee on the Insane to confer on the general subject of immigration and deportation as it affects the insane. On January 8, 1906, a Sub-committee consisting of Dr. Frederick Peterson, the Secretary and the Assistant Secretary called on Commissioner Watchorn at Ellis Island. A general discussion was had, not only upon the defects in the methods of deporting insane aliens, but also in the methods of accommodating and caring for insane immigrants, or those under observation, to determine their mental condition on arriving steamships or at Ellis Island. There was also discussion upon various defects in the methods employed by the Immigration Service in transferring and temporarily caring for such cases, defects brought to the notice of the Association by officers of State Hospitals, from which patients had been sent to the Immigration Service for deportation, and who had observed the methods of transferring insane aliens from the hospitals to Ellis Island or the steamships, and the methods of caring for such patients before deportation.

The recommendations submitted to the Commissioner of Immigration at this interview of January 8, 1906, were as follows:

I. Relating to the Deportation of Insane Aliens.

1. Longer notice, whenever practicable by telegraph, to be sent to the State Hospitals in which are aliens about to be deported, relative to the time such aliens are to be

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placed aboard ship, in order that the State Hospitals may give to the relatives and friends of such patients notice of the deportation in time to permit of their visiting the patients before being deported.

2. Insane aliens who are deported to be accompanied to their homes by nurses of the same sex, at the expense of the steamship companies or the Immigration Service, following the methods employed by the State Hospitals when deporting such patients at the expense of the State.

II. Relating to the accommodation and care of insane immigrants, or those under observation to determine their mental condition on arriving steamships or at Ellis Island.

1. Patients sent for by the Immigration Service, to be provided with nurses of the same sex as the patient, as is required by law in the transfer of insane persons in the State of New York.

2. Immigrants, becoming insane on board ship, to be transferred to Ellis Island pending detention at this port and not to be sent back by the same boat unless their condition warrants it.

3. Provision for a hospital wing or pavilion on Ellis Island for the care of the insane or those under observation, in charge of a physician and trained nurses experienced in the care of the insane.

4. Pending the provision of suitable quarters for such cases, rules to be made regarding restraint, accommodation, care, etc., of detained aliens.

It was ascertained that while most of these recommendations related to changes that could be made by administrative officers under the existing law, those relating to the deportation of insane aliens and to the accommodation and care of aliens on Ellis Island, could be more readily carried into effect if there were a special provision for such action in the Immigration Law. The efforts of the Association have therefore been directed along two distinct lines, viz.: First, the amendment of the law governing the deportation of insane aliens; and, second, an improvement in the methods of detecting mental disease and defect among arriving immigrants, as also better care for persons detained for observation or certified as insane and awaiting deportation.

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I. FEDERAL LEGISLATION

As a result of the interview held with the Commissioner of Immigration, the desirability of securing amendments to the Immigration Law was presented to the Board of Managers of the Association at a meeting held January 12, 1906, when the following resolutions were adopted:

Whereas, Numerous cases of hardship, in connection with the deportation of insane aliens and their temporary care while awaiting deportation, have come to the notice of this Association, therefore

Resolved, That it is the sense of the Board of Managers of the State Charities Aid Association that such changes should be made in the Federal statutes regulating immigration, and in the administration of those statutes, as will accomplish the following results:

1. That insane aliens deported from this country to the country from which they came, shall be accompanied by a suitable attendant to their final destination in the country from which they came.

2. That insane aliens whose health would be likely to be seriously impaired by immediate deportation, shall be detained until such time as they can be deported without undue danger.

3. That insane aliens, or aliens under observation to determine their mental condition, shall be cared for apart from the sane, and in accordance with modern scientific methods; and

Resolved, That the Committee on the Insane be instructed to take such steps as may be necessary to carry into effect this resolution.

There were then pending in both branches of Congress bills which, while dissimilar in important particulars, had for their common purpose the amendment of the Immigration Act with a view to the restriction of immigration, and both of them contained a provision that when, in the opinion of the Secretary of Commerce and Labor, the mental or physical condition of an alien who had been ordered deported was such as to require personal care and attendance he might employ a suitable person for that purpose.

In accordance with the instructions of the Board of Managers, the Secretary entered into correspondence with the Chairman of the Senate Committee on Immigration, and with the Chairman and other members of the House Committee on Immigration and

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Naturalization, and made detailed suggestions for amendments to the Immigration Act. These amendments comprised the following requirements:

1. That the name and address of the nearest relative in the country from which the alien came should be secured at the point of embarkation and included in the ship's manifest.

2. That the attendant sent to accompany an insane alien who is deported should be a person of the same sex and, if so directed by the Secretary of Commerce and Labor, should accompany such alien to his final destination in the country from which he came.

3. That upon the certificate of a medical officer of the United States Public Health and Marine Hospital Service, to the effect that the health and safety of an insane alien would be unduly imperilled by immediate deportation, such alien might be held for treatment until such time as such alien might, in the opinion of such medical officer, be safely deported.

These amendments were adopted in part by the Senate Committee and in full by the House Committee, and appeared in both the Senate and the House Bills in their final form. Neither bill has yet become law, but both are pending, and it is hoped that whatever legislation may be passed by Congress on this subject may contain the provisions recommended by the Association*.

II. METHODS OF ADMINISTRATION

On the occasion of the interview on Ellis Island between the Commissioner of Immigration and members of the Committee on the Insane, it was learned that the provision for a special pavilion, on Ellis Island, for the care of insane aliens was under consideration by the Federal authorities, and that the preparation of plans was in the hands of the officials of the United States Public Health and Marine Hospital Service. An interview was subsequently held by the representatives of the Association with the medical officer in command on Ellis Island, at which plans for the proposed pavilion were discussed. The Committee recommended the adoption of plans similar to those used in connection with Pavilion F, a model reception hospital for the insane, at Albany. The plans for the pavilion, as subsequently adopted, were entirely satisfactory to the Association.

* As this report goes to press, we learn of the enactment of the Immigration Act including these amendments substantially as submitted.

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Both the Commissioner of Immigration and the medical officer in command at Ellis Island extended to members of the Committee a cordial invitation to visit Ellis Island and study the operations of the Immigration Service and the Public Health and Marine Hospital Service. The Assistant Secretary therefore made a visit to Ellis Island on April 19, 1906, reporting to the Committee the result of her observations. Previous to this, on February 16, 1906, the Secretary and the Assistant Secretary visited a steamship, on which an insane alien was to be deported, at the time of the arrival on the boat of the patient from Ellis Island, for the purpose of observing the methods of transference. The case was that of a young Italian woman who was being deported six days after landing, though she was in an acute stage of manic-depressive insanity and likely to be badly affected by another ocean voyage. She was brought to the steamship by two male attendants, gatemen or doorkeepers on Ellis Island. The Assistant Secretary also visited on the same day a steamship where a young woman with suicidal tendencies and marked delusions was being detained in the steerage during the nine days stay of the steamship at the dock.

While in Washington, in May, 1906, for the sessions of the National Association for the Study and Prevention of Tuberculosis, the Secretary called upon the Hon. Frank B. Sargent, Commissioner-General of Immigration, and the Hon. Walter Wyman, Surgeon General. He submitted to the Commissioner-General the following suggestions:

1. There should be provided on Ellis Island suitable dayrooms for the detention and examination of suspected cases of insanity—separate rooms for men and women,—and separate dormitories for suspected cases of mental disease. Sometimes there are as many as eighty such cases in one day. It is important that suitable dayrooms and dormitories for such cases apart from other cases should be permanently designated. Both dayrooms and dormitories should, of course, have separate toilet accommodations for each sex.

2. The care of aliens detained because of suspected mental disease should be under the direction of those members of the medical staff who have been appointed because of their experience in the diagnosis and treatment of mental diseases, and who have been assigned to the special duty of the detection of such cases.

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3. Gatemen and matrons assigned to the care of aliens, detained because of suspected mental disease, both in the dayrooms and in the dormitories, should be persons with experience in the care of the insane, preferably those who have had experience in State Hospitals. The salary is sufficient to attract trained and reliable attendants from the State Hospital Service. Attendants and matrons who have not had experience in dealing with the insane would inevitably think it necessary to use measures of violence which a trained attendant would know to be unnecessary, and would fail to take precautions for the prevention of injuries and suicides which would naturally occur to a trained attendant. The observations of trained attendants and matrons would be of great value to the physicians in making a diagnosis, as is the case in the State Hospital Service.

4. Suitable rooms for the examination of suspected cases of mental disease, adjoining the dayrooms for those cases, should be permanently designated therefor. Rooms are now provided for this purpose temporarily and the arrangement should be made permanent.

5. There should be two interpreters assigned exclusively to assist in the examination of suspected cases of mental disease. The absence of interpreters assigned exclusively to this service frequently causes long and unnecessary detention of these cases, interferes with and interrupts examinations in process, and prevents the detection of cases in certain instances.

6. A stenographer should be assigned exclusively for the use of physicians in taking immigrants' statements, and samples of characteristic utterances, and to write the records of each case certified. This is provided in every important hospital for the examination and diagnosis of the insane, and also for the examination of the insane in the State Hospital Service.

On the occasion of the Secretary's visit to the Surgeon-General he submitted the following recommendations:

It is suggested that the service for the detection of insane aliens should be perfected and made more permanent by the establishment of rules, or the issuing of an official memorandum, to secure the following results:

1. That there shall always be three medical officers, who shall be alienists with experience in the diagnosis and treatment of mental diseases, stationed at Ellis Island for the purpose of ex-

examining incoming immigrants, detecting cases of insanity and mental defects, and providing modern treatment for those under detention suffering from mental disease.

2. That these three alienists shall be relieved from all other duties except those above mentioned.

3. That whenever immigrants are being admitted, one alienist shall devote himself exclusively to the inspection of the line, and in such inspection shall be required to examine only for evidences of insanity or mental defect, this duty of inspection of the line to be performed by the three alienists in rotation.

4. That the preliminary examination of aliens separated from the line be made as soon as there is an interval in the passing of the line, and by the alienist who separated them from the line.

5. That a Public Health and Marine Hospital Service attendant be assigned permanently to assist in the examination of cases detained for alleged insanity or mental defect.

IMPROVEMENTS MADE BY THE IMMIGRATION SERVICE

The recommendations made to the Commissioner-General of Immigration were followed by visits made in June, 1906, by the Secretary and the Assistant Secretary to Ellis Island at the invitation of the Commissioner-General and the Commissioner. Since then a number of important improvements have been made in the accommodation of immigrants under observation to determine their mental condition, and in the disposition of insane aliens requiring hospital treatment. While lack of space has made it impossible, without injustice to other classes of immigrants, to assign separate dayrooms and dormitories to aliens suspected of being insane or defective and detained for observation, two separate rooms for occupancy, both day and night, one for men and one for women, with separate toilet facilities, have been provided, the women's room being connected with the doctors' office where mental examinations are made. These accommodations, while far from satisfactory, seem to be the best that can be afforded under present conditions. The immigration authorities have requested an appropriation for a temporary pavilion better suited to the accommodation and care of such cases, and it is hoped that there will be no avoidable delay in procuring the appropriation from Congress and erecting this pavilion. The pavilion for the care of insane aliens requiring hospital treatment is making somewhat slow progress, and, pending the completion

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of this building, immigrants found to be insane on arrival, whose condition is such that immediate deportation would unduly imperil their health, are being sent to licensed private institutions for the insane to receive hospital care and treatment until they are fit to travel.

We regret that we can not report improvement along other lines where different methods were recommended. So far as we can learn no official memorandum has been issued or rules established by the Surgeon-General to put on a more permanent and satisfactory basis the special service tentatively established in connection with the detection of mental disease and defect among arriving immigrants, through the exclusive assignment to this special duty of the trained alienists among the medical officers of the Public Health and Marine Hospital Service. No request appears to have been made by the authorities in charge for the assignment to this special service of interpreters and stenographers, or of gatemmen or matrons trained and experienced in the care of the insane, as recommended in the foregoing memorandum.

Notwithstanding the serious deficiencies in the facilities provided for the detection of mental disease and defect, the three alienists employed chiefly for this work have succeeded in detecting an increasing number of such cases. To show the extent of the annual increase in the number of cases certified and the importance of putting this service on as firm a basis as that on which the work for the detection of physical disease rests, the following table has been prepared showing the great increase in the number of mental as compared with the number of physical cases certified. The inspection of immigrants for the detection of physical disease and defect has long been on a sufficiently satisfactory basis so that large increases out of proportion to the increase in immigration can not be expected from year to year. The comparatively large increase in the number of mental cases certified shows the inadequacy of previous methods, and the immediate results secured by increased attention to this service indicate the possibility of further increase with further improvements in the facilities employed for this work.

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TABLE SHOWING NUMBER OF CASES CERTIFIED AT ELLIS ISLAND
FOR PHYSICAL OR MENTAL DISEASES OR DEFECTS

Number of Cases	Fiscal year 1904	Fiscal year 1905	Fiscal year 1906
Total number of cases certified for both mental or physical disease or defect.	4,802	6,695	7,573
Total number of cases certified for physical disease or defect.	4,740	6,553	7,287
Total number of cases certified for mental disease or defect.	62	142	286
	<u> </u>	<u> </u>	<u> </u>

To show the increase in the number of immigrants certified for mental disease or defect for a somewhat longer period the following figures are presented:

NUMBER OF ALIENS CERTIFIED FOR INSANITY AND OTHER
MENTAL DEFECTS (NOT INCLUDING EPILEPSY)

Year ending June 30	1901	1902	1903	1904	1905	1906
Insanity.	17	26	21	24	59	113
Idiocy.	5	3	5	13	22	51
Mental defects.	29	29	25	20	47	97
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	51	58	51	57	128	261
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

The improvements yet to be made in this special service for the detection of mental disease and defect, in order to put it on a permanent and satisfactory basis of efficiency, are as follows:

1. The alienists employed should be relieved of all other duties, and should work under rules established by the Surgeon-General for the organization of this service.

2. There should be a stenographer and two interpreters assigned exclusively to assist the physicians in the examination of suspected cases of mental disease or defect.

3. Gate-men and matrons, assigned to the care of aliens, detained for examination or deportation for mental disease or defect, should be persons trained and experienced in the care of the insane, preferably graduates of State Hospital Training Schools.

4. The completion of the pavilions either planned or already

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in process of construction by the authorities of the Immigration Service, and the proper equipment of the buildings for the care of this class of cases, should be hastened.

With the above improvements, the facilities at Ellis Island for the scientific examination and treatment and the humane care and accommodation of aliens suspected of being, or found to be, insane or mentally defective, should be among the best features of the Immigration Service and the Public Health and Marine Hospital Service, which together are responsible for the performance of this function of the Federal government.

In conclusion, the Board of Managers, in behalf of the State Charities Aid Association, desires to express to your Honorable Commission, and to the Managers and Medical Superintendents of the State Hospitals, its sincere thanks for the kind response to requests for information, for the courtesy with which all suggestions have been considered, and for the readiness with which the co-operation of the Association has been welcomed in its endeavor to promote the welfare of the dependent insane of the State.

For the Board of Managers,

HOMER FOLKS

Secretary

MARY VIDA CLARK

Assistant Secretary

REPORTS OF VISITORS TO STATE HOSPITALS

WILLARD STATE HOSPITAL

Tuberculosis.—We would re-affirm what was offered in our report for 1905, regarding the separate housing of patients afflicted with tuberculosis. It is true that an appropriation was made by the Lunacy Commission for this object, but upon inquiry into the cost of a suitable structure, the sum was found to be totally inadequate for the purpose.

This formidable disease has become too widely spread and too deeply entrenched among the poorer classes, who are by their environment rendered peculiarly susceptible to its attacks, to be fought with any but the most thorough and vigorous measures and with equipment and facilities provided of the most ample scope.

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Buildings and apparatus of mere make-shift nature are not best suited for the care of such patients. The most economical policy is that which amply provides the best of housing and treatment for those who have become thus doubly unfortunate in body and in mind.

Ice Machine.—The installation of a cold storage plant marks a long step toward perfect sanitation and wisest economy. The preservation of meats and fruits and butter by contact with ice-chilled air offers opportunity for germs of the deadly sort to get in their malignant work, and particularly when the ice is of the sort now supplied to Willard from a small stream coursing through the village of Ovid. It is inevitable that the water must there become laden more or less with sewage and impurities in spite of precautionary and preventive measures. It is gathered into a pond on the hospital premises about two miles below the village, and from the nature of the case it cannot be pure and wholesome. The cold storage plant has room sufficient for an ice-making machine, and the machinery for cold storage already in place will also supply the power for making ice from the waters of Seneca Lake.

We trust that this addition will be made to the cold storage equipment, since it may be had at little cost and prove of great advantage in promoting economy in work and a much better sanitation.

Electricity.—As the systems of plumbing installed nearly forty years ago had become so obsolete and dangerous to health that renewals of them on the modern plan were necessary for both economical and sanitary reasons, so the electric light system with its old dynamos of thirty years' use has become practically worn out, and is now worked at such disadvantage as to cost, that complete renewal of the plant on modern lines is indicated as almost if not quite a necessity. Great saving of expense would surely follow upon the installation of an up-to-date plant. We therefore earnestly recommend this as a very wise measure to be taken.

Chapin House.—The wings of the Chapin House, each of three stories, have each story arranged as a separate ward, and for the purposes of this report, they may be termed the upper, middle and lower wards. The capacities of these wards are kept on record by the Lunacy Commission at Albany, and whenever a "transfer" is to be made from any of the congested down-State

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hospitals, that record is depended on as a guide in fixing the increase of Willard's population.

Now, as the same exterior walls enclose the three wards in each building, it would appear reasonable to rate their capacities as equal. Yet the record stands at Albany thus: Ward 3 (upper), 72; Ward 2 (middle, below Ward 3), 54; Ward 6 (upper), 40; Ward 5 (middle, below Ward 6), 27; Ward 9 (upper), 34; Ward 8 (middle, below Ward 9), 21. The errors in the excessive ratings for the upper wards become more manifest when it is understood that the ceilings of these upper wards are not nearly so high as the ceilings of the middle and lower wards, and that the windows of the upper, being set in the slope of the mansard roof, are not so numerous as those in the wards beneath. The cubic space therefore is much less in any upper ward than the space in any middle or lower ward, although its capacity is rated at from forty to sixty per cent greater. We trust that the Lunacy Commission will correct their records so as to make these various capacities more commensurate with the cubic spaces.

Colonies.—The plan of providing comfortable houses for such of the patients as are willing and suitable for work on the farms is still being followed. The Button house, acquired last year and situated close to the lake farm is being enlarged and put in good condition for this object, and so the long half-mile walk taken three times a day will be saved to the patients who will become its inmates.

The Hardenbrook house at the south, purchased three years ago, has been in full use for about two years and is serving its purpose admirably.

General.—We are greatly pleased to note the fine appearance of the grounds and buildings; all the buildings are, both as to interior and exterior, kept in the neatest possible condition; the grounds are well cared for, and the whole magnificent domain impresses one with the fact that over it all are exercised the care and thoroughness of a watchful and practical administrator. The services rendered by all the officers and attendants are efficiently and cheerfully performed, and all seem animated with the spirit of courtesy and fidelity. A wise and broad control characterizes the management of Superintendent Elliot.

MAY E. B. VALOIS

A. B. HOUGHTON

MARVIN OLCOTT

JOHN H. OSBORNE

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HUDSON RIVER STATE HOSPITAL

The superintendent's house, near the westerly entrance to the hospital grounds, has been completed and looks very attractive. It is now occupied by Dr. Pilgrim and his family, pending Dr. Pilgrim's decision as to whether he will remain a member of the State Lunacy Commission or return to the Hudson River State Hospital as its superintendent.

Just to the south of the superintendent's house is the staff house—the old Ziegler house—now occupied by the first assistant physician and his family, the steward and his family and two doctors.

The rooms in the main building, formerly comprising the superintendent's quarters and those of the steward, have been turned into dormitories, accommodating fifty (50) on a floor or one hundred (100) in all, and providing, also, quarters for three physicians on each floor, or six in all. These dormitories will be occupied by quiet women patients. The rooms are being equipped with new steel ceilings, which have also been placed in wards 3, 7 and 8.

The fire escapes at the main building have been finished and appear to be very satisfactory and complete. Fire drills are held regularly and the patients seem to fall in with them promptly and intelligently.

The hydrotherapeutic treatment, which has been installed in the basement of the main group, is said to be proving a good nerve tonic and to improve the excretion of the skin and has had marked results in numerous cases, but it has not proved to be a cure-all. The plant is used three days in the week by men and three days in the week by women patients.

The hospital water supply continues to prove most satisfactory; the filter beds have given little, if any, trouble and there has been no typhoid fever at the hospital since their installation.

Four new boilers have been installed at the heating plant, and near them a refrigerating plant has been placed to supply cold temperatures at the mortuary laboratory, cold storage plant and the new ice-making plant. The latter installation has done away with the inconstant temperatures resulting from the use of ice and has also enabled the hospital to become practically independent of natural resources in getting its ice supply.

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With the even temperature now obtainable in the cold storage plant it is possible to keep on hand two or three months' supply of food, which could not be done under the former system. Next to the ice-making plant an icehouse has been built in which to store surplus ice against any emergency which may arise.

A change in the location of the railroad station of the Poughkeepsie and Eastern railroad at the hospital grounds is being seriously considered and should be made, as the trains on the railroad now block up the main road from the hospital to the central group for considerable periods of time. Were the station removed to the southerly side of the main road this inconvenience would be done away with.

To the north of the coal shed a new blacksmith shop has been erected, a thing long needed at the hospital.

To the east of the main buildings the new amusement hall is now nearing completion. It stands at the top of a slight acclivity and is of a very pleasing appearance, both inside and out. The main road will be extended to it and will have to be raised some six feet to make a proper grade. In the amusement hall is a commodious stage, with modern accessories, on either side of which is a box, so that the stage has a very theatrical appearance. At the back of the hall is a gallery, which, with the main floor, will give a seating capacity of about eight hundred.

The old amusement hall is still in use, as such, but will eventually be used for dormitory purposes.

To the southwest of the amusement hall is the new employees' house and bake house, which latter supplies bread for the whole institution, making about one thousand loaves daily and consuming therefor ten barrels of flour. Both the bread and the flour on inspection proved to be of a very fair quality.

The employees' house accommodates about thirty men, fifteen on each floor. While the bedrooms are small, they are well ventilated, lighted, furnished and cleaned and seemed most excellent quarters.

On the road from the main group to the centre group a new Roman Catholic chapel, started by the Saint Andrew's Novitiate, is nearing completion. This chapel is to serve the main and central groups of buildings. It is built of sandstone, and presents a very attractive appearance. A separate Roman Catholic chapel, of frame construction has been provided for the cottages.

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To the southwest of the central group, and near to the new chapel, the foundations are now laid for Inwood, the new pavilion designed to accommodate four hundred and forty chronic cases. The situation seems to be well chosen and attractive, being on high ground and surrounded on three sides by woods. The foundations are of concrete and appear to be excellently laid. The plans for this building show ample provision for sun and air, the sun parlors being especially good.

To the south of the main building is to be a new pavilion for acute cases. The foundations alone are in evidence, but this and the Inwood building should be completed before the end of another year.

The pavilion for acute cases is something that has long been needed and will probably prove one of the most useful additions ever made to the hospital, as it should effect an immediate cure in many cases and save a long stay at the hospital for a number of patients.

At the central group an infirmary, to accommodate seventy-six feeble men, thirty-eight on a floor, is almost ready for occupancy. It seemed very complete and satisfactory.

To cottages 4 and 5, where the tubercular cases are being treated, have been added, on the southerly side of each, a two-story solarium. By these additions twelve more patients can be accommodated in each cottage.

Among the present needs of the hospital might be mentioned an attendants' home for the main building, to be located nearby; a new and modern cow barn and a surgical operating room. It would also be wise to add sun rooms to wards 23, 24, 26 and 27. Much renovating is needed at the cottages, and the first floor of the administration building is in need of repairs and painting. The third floor of Inwood should be finished for employees. The laundry is in need of a steam sterilizer and equipment, and a new boiler house and electric light buildings should be provided for the central group.

The general condition of the hospital seemed very satisfactory, and your committee found little to criticise.

The present population of the hospital is twenty-three hundred (2,300), for only twenty hundred and thirty-five (2,035) of whom are proper accommodations furnished. After the infirmary at the central group and the second and third floors of the main

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building are ready for occupancy the capacity of the hospital will be increased to twenty-two hundred and thirty-five (2,235), which will prove quite a relief to the present over-crowded condition.

At the present time there are at the hospital thirteen (13) physicians, including the acting superintendent, a woman physician and two internes. The acting superintendent and the first assistant are occupied almost entirely with administrative work, and one of the physicians is detailed from ward work to special pathological work in the laboratory, thus leaving ten (10) physicians, including the woman physician, to look after twenty-three hundred (2,300) patients. This seems hardly sufficient.

MYRA H. AVERY

LEWIS R. PARKER

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

A meeting of the committee appointed to visit the Middletown State Homeopathic Hospital was held at the hospital on October 17th.

There were present Mr. D. C. McMonagle, Mr. H. K. Wilcox, Mrs. Henry W. Munroe, Mr. and Mrs. Paul Tuckerman.

Dr. Maurice C. Ashley, the superintendent, accompanied the committee in their tour of inspection and offered every facility to aid them in their work.

As noted on former occasions the census showed quite a little over-crowding, the number on that date being 1,307 patients.

The new building for chronic patients, mentioned in the last report, is now being built and will accommodate 536 patients.

The committee recommend an appropriation for the repair of the stable, which is in too great proximity to the new building for chronic patients. Placed on a new site at the northeast end of this building it could be used as an industrial shop, which is needed, and could be easily connected with steam from the power plant.

A new building is also planned, for which an appropriation by the State has been made, which is intended for acute cases and will provide space for about 100 persons.

It is also proposed to erect a cottage containing 10 or 12 beds for the use of cases of contagious disease.

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There are about 35 cases of tuberculosis in the hospital, the women patients predominating, who are kept in wards apart. The windows of these wards were well open at the time of our visit.

About 33 per cent of all the patients were reported to us to be employed in some way in the hospital buildings or on the grounds.

The policy of open wards has been continued and there are now ten, instead of the eight wards last year, whose patients are allowed to go in and out at their will, thus giving liberty to 343 patients.

The dinner served to the patients during our visit was substantial and of a nourishing quality. It consisted of a shoulder of ham, cabbage, one sweet potato, two thick slices of bread, butter and a glass of milk, followed by pudding. For the tubercular patients soup and another vegetable were added. It appeared to be well cooked and was placed hot at each place on the tables by the attendants immediately before summoning the patients. In one ward the attendants had omitted to heat the plates in which it was served, rendering it liable to become cold, but this was one instance of oversight only, and orders to correct it were given.

The kitchen is undergoing a general overhauling, tile floor and walls being laid, which will add very much to the facility of keeping it in a thoroughly clean condition. The refrigerating rooms were all in a satisfactory condition.

As in our previous visits, we found all the buildings visited in a thoroughly clean condition, well cared for and well ventilated. An atmosphere of quiet, or orderliness and of a well thought out and sympathetic system pervaded all the institution, and your committee cannot but feel that the unfortunate inmates are receiving all the care that an intelligent and humane management can give.

PAUL TUCKERMAN
SUSAN TUCKERMAN
ALICE KNEELAND MUNBOE
D. C. McMONAGLE
H. K. WILCOX

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BUFFALO STATE HOSPITAL

Your committee has made the usual number of visits to the State hospital during the past year, each visit confirming the impression made by previous visits of the efficiency of the hospital to do the work given it by the State.

Visits have been made at all times of the day; and at some time during the year, all parts and departments have been inspected. The absolute cleanliness everywhere, from reception room to kitchen and laundry, is indicative of the scrupulous care of the patients; and the order of the pantries and clothes rooms suggests an effort, even through a remote agency, to restore order to disordered minds.

The patients numbered about 1,700. This is a little above the capacity of the building, but none of the wards appeared much overcrowded and none seemed so full as when the State Charities Aid Association reported the over-crowding to be but 1.37 per cent of the capacity of the building — the smallest average in the State.

However, there is in reality no over-crowding. The rooms formerly used by the superintendent and his staff have been fitted for patients, thereby increasing the capacity of the hospital by 150. These rooms conform most admirably to the requirements of hospital usage, being high and large. Four dormitories and four pleasant day-rooms have been opened for the use of patients; the day-rooms having a beautiful outlook over the trees and lawns so generously provided by the projectors of the original building. Your committee consider that the beds in these dormitories are in too close proximity one to another for healthful and restful sleep, and deplore the fact that the building now thrown open to hospital use has not the same system of ventilation which keeps the air in the wings of the building fresh and pure.

The former chapel and amusement hall has been converted into a dining-room with pantries, serving-room and sink-room attached. It is admirably suited for this use, being two stories high and having good light and ventilation on account of high windows. An elevator brings the food to this dining-room, so rapidly that no part of the hospital has better service. These new rooms are to be used by the patients who are employed in the laundry and other working places outside the main building.

While the present accommodations of the superintendent, the staff and the nurses are now ample, there is still one lack —

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there is no consumptive pavilion, a most imperative need in such an institution. We would most respectfully urge the State Charities Aid Association to use all proper means to expedite the erection of such a building. The superintendent estimates the cost at \$4,000, and has included it in his budget for the coming year.

A refrigerator plant is greatly needed and a coal conveyor, which, while expensive at first glance, will save more than its cost in a comparatively short time. One of the greatest needs is the construction of concrete walks through the grounds where the women patients take their exercise. This would make it possible for them to be out of doors many days when they are now confined to the house on account of wet and muddy walks.

In our visits to the hospital we see everywhere evidences of the generous care of the State for its most unfortunate wards; and a most honest desire on the part of the superintendent, his assistants and his nurses to use all possible endeavor to carry out the will of the State for the recovery or the amelioration of the sad condition of the people committed to their care.

FANNY H. BARTOW

ADA M. KENYON

GEO. A. LEWIS

ESTHER K. McWILLIAMS

C. SUMNER JONES

BINGHAMTON STATE HOSPITAL

We visited the State Hospital for the Insane, located in this city, on Thursday, October 18th, to collect data for our annual report to your Association.

We were not aware that both the State Commission in Lunacy and the local board of managers had chosen the same day for visiting the institution, until we were ushered into the main office, where we found the two bodies in joint session. It was a privilege which we regarded as unusual and valuable, to listen to the discussions of these boards. We were deeply impressed with the great thoroughness and care which was brought to bear upon each subject that was discussed.

After sitting as guests of these two boards for about an hour, we made the rounds of all the wards in the main building, including the kitchens, dining-rooms, clothes closets, bathrooms, etc.

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As usual, we found cleanliness and order in conspicuous evidence. The noonday meal was being served, and our inspection of the food and service found nothing to criticise. The food was nutritious and abundant, and the table appointments scrupulously clean and inviting.

After lunching in the staff house, we visited the north and west buildings. We saw in the latter many pathetic chronic cases, several being bed-ridden; but we could suggest no changes by which the sum of suffering could be lessened as regards care bestowed. If the verandas of this building were rebuilt and made two stories in height, and enclosed with glass so as to be used for winter sun rooms, the facilities would be greatly improved and the comfort of the patients enhanced.

In this connection we would mention that verandas for wards 5 and 6, for men, in the main building, would be valuable additions, especially if built so as to be used in cold weather as sun parlors.

Edgewood, the tuberculosis pavilion, was next visited, and found in perfect order. The cures and improvements effected in this department are very marked. Separate open camps for men and women patients, in addition to the main building at Edgewood, ought to be provided for summer use.

The new building for chronic cases is enclosed and partly plastered. This is a fine structure, built upon simple lines, and will be a great addition to the working facilities of the institution when ready for use. It will hold five hundred patients.

The interiors of the south buildings were in good order and condition, but the board walks surrounding them were badly in need of repairs; or rather should be replaced next spring with concrete walks.

The new building for acute cases has been begun; the foundations are completed, and the work of laying brick has commenced. This building occupies a very sightly place about 1,000 feet southwest of the main building, and will add an imposing and important feature to the plant.

New roads and concrete walks will be needed, connecting the new buildings with the present system of communication, and should be provided by appropriation this winter.

The power and steam heating plant is old, and needs a thorough rehabilitation and enlargement when the new buildings are opened for use. The present location of the steam and power

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plant seems to be the natural and economical one for a new, modern and greatly enlarged plant. The expense will necessarily be great, but unavoidable, and ought to be provided by appropriation this winter.

The farm products for the use of the institution have been bountiful this year, and had been safely harvested at the time of our visit.

We append the census:

Patients

Men.....	719	Women.....	848	Total.....	1567
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Attendants on Wards

Men.....	61	Women.....	76	Total..	137
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FRED H. HASKINS

CHAS. E. LEE

ST. LAWRENCE STATE HOSPITAL

On our most recent visit to the State hospital, the superintendent, Dr. Hutchins, kindly placed himself at our disposal, and gave us every opportunity to inspect and investigate, and was ever ready to answer questions. We spent the day in going about the grounds and through the buildings, and again must commend the management, for everywhere there were evidences of its efficiency. The good order and cleanliness everywhere, and withal when it came to the patients, the kindness manifested, made us very appreciative of the great good accomplished in the St. Lawrence State Hospital.

Efficient as the work of the institution is, we feel warranted in urging the purchase of the three hundred acres of land, which has been advocated by the management, and making that addition to the farm. By so doing, the dairy could be advantageously enlarged and, at the same time, out-door employment furnished for more patients, and there can be no doubt of the wisdom of keeping as many as possible at work out of doors. It would seem that the additional milk and butter would result in the balance being in favor of the State, when looked at from a business standpoint.

Inwood the tuberculosis hospital, has already shown how much it was needed and the results in saving and prolonging life, together with the making less wretched the lives of many of these unfortunate people, give cause for great satisfaction to all familiar with the situation.

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A house for the nurses would seem almost a necessity, for they should be free from the atmosphere of such a place during the hours that they are not on duty.

We feel justified in asking that there be screens furnished for Inwood, at least for the dining-rooms, kitchens and laundry. To one not familiar with the locality, it would be difficult to understand what the "shad-fly" is in Ogdensburg. In the late spring or early summer, they swarm there by the millions and invade every quarter where they can find a way to get in, and while their stay is not long, they are emphatically a nuisance while they last, and not a little laundry work has to be done over as a result.

One of the great improvements during the past year has been the addition to the laundry, both as to building, machinery and conveniences, so that this important work of a great institution is much more easily and comfortably performed.

There are some dark rooms in H ward and we suggest the enlarging of the windows. Some have been enlarged, but others need to be. It is a small matter as regards expense, for there are only a very few of them.

We do not feel that the State is called upon to consider what might be called the aesthetic to any great degree in an institution of this kind, but we could not help thinking that in some of the more quiet wards, the table furniture could be less clumsy and severe. All that we noticed was very heavy and it did not give an attractive look to the tables, and this, in some wards, we could understand was necessary, or, at least, good judgment, but it did not seem necessary in all the wards.

At the time of our visit, there were over eighteen hundred (1,800) patients being cared for and as far as we could discover, the conditions of health were good and all the attendants were faithfully doing the work allotted to them.

S. W. KNOWLTON

GERTRUDE S. E. KNOWLTON

ANDREW IRVING

ROCHESTER STATE HOSPITAL

The visitors to the Rochester State Hospital have made eight visits during the year, sometimes in company and sometimes separately, as circumstances permitted, the times of our visits never being known in advance at the hospital. Our investigations

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of the numerous departments of the institution have been guided by the "Suggestions to Visitors to State Hospitals for the Insane," published in the Twelfth Annual Report of the Association.

For reasons which will appear further on we deem it unnecessary to discuss all these particulars in order. At the outset we desire to record here our appreciation of the courtesy with which we have always been received by the superintendent, Dr. Eugene H. Howard, and all the other members of the medical staff, as well as by the other officers of the hospital. Every opportunity to make the most thorough investigation into the operations of every department has been afforded us in the freest manner possible. We have maintained the attitude of friendly but impartial critics in view of the great responsibilities resting on the administrative officers, to the patients under their care as well as to the State, which has imposed upon them these important duties.

We have endeavored to acquire an intelligent insight into the workings of each of the many departments of the institution from the office of the superintendent to the heating plant, and we are glad to say in the most comprehensive terms that we have discovered nothing to criticise adversely, but much to commend.

So far as possible we have endeavored to become personally acquainted with the members of the medical staff, and we have been most favorably impressed with their enthusiastic devotion to the scientific and professional side of their work, as well as to its humane aspects. One familiar with such institutions soon learns to recognize a certain condition which may be called the social atmosphere of the place. It is too subtle to be described, yet its presence is instantly perceived. It may be cold and depressing, or it may be warm and stimulating. It is more than mere manner. The social atmosphere of this hospital is full of the spirit of kindness and becomes a gentle, yet potent force, which makes the complicated machinery move steadily and smoothly. While everywhere about the institution appear the signs of a controlling mind and a guiding hand, both necessary to secure harmonious co-operation, yet the bearing of subordinate officers and employees indicates that it is rather an inspiration to duty and loyalty than a conscious sense of a compulsive force. We have noticed too, with great pleasure the confiding way in which the most sensitive and timid patients approach the physicians with their special requests.

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We especially commend the care taken to furnish useful employment to all patients capable of performing any such service. Work is not assigned indiscriminately, but care is exercised in considering the capacity and the taste of patients in furnishing them such employment as will excite their interest. The results are most salutary. The annual exhibition on a fixed day in the recreation hall of a great variety of articles made by the patients is a most interesting and important event. Besides, this work done in the wards, the offices and shops, out-of-door work on the farm, in the gardens and in grading and beautifying the grounds about the new buildings, has diminished by a very large sum the draft upon the public funds. To direct and guide insane people in all these varied form of industry, eliminating all appearance of slavery and making it tend to the happiness and welfare of the patient, manifestly requires a high order of organization and executive ability, which we cordially recognize.

The summer retreat on the shore of Lake Ontario has, during the past summer, as now for several past summers, been a means of great help and relief to many inmates for varied periods of time according to their need for such change. It has been incidentally of great benefit to the nurses, who in turn are thus enabled to obtain a summer outing without loss of their time. We consider the purchase and maintenance of this farm as eminently wise and humane.

Finally we are exceedingly glad to say that the lack of house room for our patients, of which we have been so long compelled to complain, no longer exists. The advantage to the inmates and the comfort of the officers is delightful. The capacity of the hospital is now in advance of its population.

SAMUEL A. LATTIMORE
LILLA MUNSON MORGAN
MARY B. MURPHY

LONG ISLAND STATE HOSPITAL

The committee went through much of the building in November, finding an exquisite cleanliness, with flowers and birds and evidence of care in every direction.

The patients showed the effect of good food and wise management. Notwithstanding the high standard of efficiency in medical staff, nurses and those associated with them, the committee appre-

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ciates that the hospital lacks certain appointments which at the present day, are recognized as essential for the best good of its patients.

New plumbing, enclosed porches, enlarged and sunlighted corridors for daily indoor exercise are among the vital necessities. The committee understands that an appropriation for improvements has been made contingent upon the State's acquiring title to the property.

We would therefore recommend that an earnest endeavor be made to secure such legislation as will enable the State to acquire the property so that improvements can be made which will add greatly to the health and comfort of the insane.

ALBRO J. NEWTON
GRACE NEWTON DANA

KINGS PARK STATE HOSPITAL

The State hospital at Kings Park continues along lines of efficiency, economy and progress under the skillful care of Dr. Macy and his excellent corps of physicians, not to neglect mention of the nurses and attendants, whose lot is at times hard, and yet who are obliging, kind and cheerful withal.

The more liberal policy of the State towards this class of its employees has attracted a more intelligent and desirable body to the service.

Material.—Besides necessary repairs to old buildings and cottages, many improvements and additions have been made.

A new laundry must replace the one destroyed by fire on November 27, 1906. The State has appropriated \$30,000 for a disposal plant as recommended in my last report, so that typhoid and danger of polluting the waters of Smith Town Harbor will be lessened, if not wiped out. The grounds will soon be lighted by electricity at a cost of \$8,000, which will make the best possible police force.

Medical.—There has not been much sickness and no epidemic during the year. This speaks well for the medical staff when one considers that there are about 4,000 in the colony, and the thousands who visit yearly the hospital with the possibility of carrying germs of disease into it.

Social.—Outdoor and indoor amusements are carried on for the benefit of the patients, who themselves take part when able

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to do so without risk to health, and an excellent band formed from amongst the employecs, dispenses music at stated intervals.

Religious.—The spiritual needs of the patients are looked after by two chaplains, Catholic and Protestant, who visit the sick daily and attend the dying and in every way strive to alleviate the sad state of these people. Worthy of praise is the scrupulous care which doctor, nurse and attendant, no matter what creed, exercise in this regard of summoning a priest to the bedside of the dying, and consoling it is to the family of the unfortunate.

Press.—Yet notwithstanding all that is done to make these people happy, notwithstanding that they are better cared for than many who are in private sanitariums at high cost, notwithstanding the almost absolute impossibility of cruelty or violence towards any one of them, a sensational press arouses the most hideous suspicions in the minds of relatives and friends of the insane in State hospitals regarding their abuse, neglect and violent treatment. It ought to be penal to publish rashly lying stories about hospitals for the insane.

Yellow journalism attacked Kings Park last fall about the death of one Wm. H. Shephard, who died suddenly on October 17th. The coroner investigated; verdict, no cruelty. The district attorney investigated; verdict, no cruelty. The governor ordered the commission to investigate; verdict, no cruelty. Yet a whole city was inflamed with stories of an atrocious assault, made out of whole cloth; so much so that it is hard to convince people that the insane are better treated than they would be in their own homes.

In such times our sympathy goes out to superintendents and all who have to do with the care of the insane, and realize that it is poor recompense for their best efforts and sometimes life-long labors.

But there is a small, yet constantly growing part of the community that will always judge the malice and foul motive underlying persistent prosecution, and their sympathy, together with the consciousness of duty well done, will amply reward these silent, tireless, earnest and noble workers for the State's most unfortunate dependents.

JOHN C. YORK

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MANHATTAN STATE HOSPITAL

The visitors to the Manhattan State Hospital have devoted themselves almost exclusively during the past year to the work of the Manhattan After Care Committee and have visited the hospital chiefly in connection with the organization and maintenance of this work rather than for purposes of general visitation and inspection. Some visits, however, have been made to the various parts of the hospital, and the visitors have noted with gratification the continued increase in the efficiency of the different departments.

During the past year the completion of the extensive alterations made at the main building on the east side has considerably increased the capacity of this building and greatly improved its appearance and comfort. The large congregate dining-room section in the center has proved very successful in operation. On the main floor the space is divided up into several rooms, all easy of access from the serving-room and apparently combining the convenience of a congregate dining-room with the privacy of ward dining-rooms. This arrangement simplifies classification and is in many ways very advantageous. Attractive colors have been used in painting these rooms and with clean spreads on the tables, pictures on the walls, and growing plants, the rooms are made very attractive. The patients who do the dining-room work show great interest and pride in the appearance of these rooms.

The additional dormitory space provided by the removal of the ward dining-rooms gives a much needed relief to the overcrowding of the main building on the east side. The census of the hospital remains about the same at the end of the year as at the beginning, but the slight increases in the capacity have to some extent rendered the building more comfortable for the patients.

The pavilions for the care of acute cases, those afflicted with pulmonary tuberculosis and other classes requiring special treatment, have continued in successful operation during the past year and are still among the best and most characteristic features of this hospital.

The old east building, where both men and women patients are accommodated, has been considerably improved during the year. Two hundred men are cared for on the first floor and 300 women on the second and third floors, and four physicians and

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the nurses employed for these patients also live in this building. The first floor is divided into two large wards, one for paretics and the other for hospital cases. In connection with the latter is the excellent operating room, facilitating the care of surgical cases and acute medical cases. Each of these two wards is in charge of two women nurses with men attendants to assist them. The plumbing in this building has been completely overhauled during the year. The building has been greatly improved in appearance through fresh paint and attractive furniture. Fresh muslin curtains at the windows, embroidered pillows on the couches and easy chairs, handsome table covers and other home-like accessories have been added to such an extent as to make the wards in this building compare favorably with those in the buildings on the west side.

The class of attendants which the hospital is able to secure has greatly improved in recent years, but it is still difficult to secure a sufficient number of capable men and women for this work. There is always a special difficulty in the spring when many attendants get good positions out of town during the summer. The high prices paid for superior domestic service in the city makes it difficult for the hospital to compete with the opportunities offered outside. Gradually, however, the dignity of nursing the insane as a profession for men and women of intelligence is coming to be more recognized, and slow, but constant improvement in the class of men and women who apply for these positions seems to be apparent.

FLORENCE M. RHETT

LOUISA PIERPONT SATTERLEE

MARY VIDA CLARK

CENTRAL ISLIP STATE HOSPITAL

Buildings.—The dining-room and employees' building is completed. This building is connected by corridors to the male and female acute services. The first floor is used for dining-rooms, the second and third floors as sleeping quarters for attendants and employees. This building is now occupied, and a special diet for this service has been inaugurated. By this arrangement the acute and curable cases are separated from association with chronic and disturbed cases in the large dining-room. The benefits derived in this matter of classification are already noticed.

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The dining-room service is made more attractive and patients are not disturbed or their attention called from their service by the noise and disorder of the patients of the disturbed class, as was the case in the large dining-room.

Outside Lighting System.—The system, consisting of fifty-two arc lights, has been installed and is in operation.

New Water Supply System for North Colony.—This system consists of twenty-four wells and is completed.

Convalescent Ward.—The convalescent ward, which has received the name of Convalescent Hotel was occupied during the year. There is but one attendant connected with this ward. The patients virtually take care of themselves and the ward. They have a reception room, with card tables, smoking room, with cozy corner. No doors are locked, and the patients go to and from their meals unattended, and those who are not detailed to the ward are occupied during the day at such occupation as is best suited to their taste. After they leave the hospital their last impression is a memory of the Convalescent Hotel.

Mosquito Screens.—Mosquito screens have been placed throughout the entire hospital.

Appropriations.—Appropriations have been allowed for a mortuary building, a pavilion for tuberculous patients, and widening the verandas at the south colony.

Acreage.—The hospital property consists of 1,000 acres, 210 of which are under cultivation.

Crops.—Crops were raised during the year to the value of \$15,000. This includes all farm products, dairy products, etc.

Religious Worship.—Religious services, Protestant and Catholic, are held every Sunday—the former in the afternoon, the latter in the morning. Hebrew services are held every Saturday morning.

Patients, whose relatives and friends can afford it, are removed after death to various cemeteries outside the institution. When the friends cannot afford to remove the remains they are buried in separate graves in the hospital cemetery.

Census.—The census of the hospital on October 1, 1906, was as follows:

Men, 2,258; women, 1,535; total, 3,793.

Occupation of Patients.—Patients are employed on the farm, and in the gardens, shoe shop, tin, mat, broom, carpenter, tailor,

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blacksmith and paint shops, bakery, kitchen, dining-rooms and power houses. About seventy per cent are employed.

Deaths. During the year ending September 30, 1906: Men, 198; women, 124; total, 322.

Pulmonary Tuberculosis.—There are 103 cases in the hospital—53 women and 50 men. These are quarantined in separate buildings.

Management.—Besides the superintendent, there are 15 physicians; 17 supervisors (10 men and 7 women); and 519 employees (339 men and 180 women).

Privileges.—As many as 350 patients enjoy the freedom of the entire premises, going about the grounds at will and to their different occupations unattended, many acting as drivers, messengers, etc.

The regular visiting days of the hospital are Tuesdays, Thursdays, Sundays and holidays, and the patients are permitted to be visited once in two weeks, or oftener if necessary. Those sick in bed may be visited as often as their friends choose to call. All patients are supplied with the necessary writing materials to write to their friends once in two weeks and oftener when necessary.

Food and Clothing.—Patients are well supplied with food and clothing.

General Remarks.—There has been great difficulty in the past year in getting sufficient help in the hospital to care for the patients, due to the fact that good attendants, both men and women, can get higher wages in other occupations. The question of wages should be brought up in the coming Legislature and an advance in that line be made. To get desirable attendants to care for these unfortunate insane, more attractive wages must be given, especially for those hospitals situated in the vicinity of New York City.

This hospital should have a modern building erected for the special treatment of the acute and curable cases. It is especially called for in this hospital as the number of admissions during the year average between nine and ten hundred patients.

Work is in progress to improve the general appearance of the cemetery connected with the hospital. This plot will be fenced in, sodded, and marked by a monument centrally located.

JOHN H. VAIL.

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GOWANDA STATE HOSPITAL

The undersigned visited the hospital in October. We found the buildings in the most perfect order throughout and felt that those in charge deserved much praise.

There has been an outbreak of diphtheria originating in patients recently brought from Manhattan. Patients had all been removed to the contagious building some distance away, all clothing had been burned and a thorough fumigating was in progress.

There are at present 239 Chautauqua county patients at Gowanda, out of a total of 868; of these 32 were in bed. Each patient is bathed twice a week.

The dining-room was made pleasant by plants in pots and round tables seating seven persons. A varied bill of fare is made out for two weeks; at the end of this time they commence again. The dinner we found excellent, consisting of baked fish, well roasted beef, vegetable salad, boiled onions, potatoes, corn starch pudding. The great ovens were full of bread and rolls that looked very nice. The weekly expense per capita is \$3.68.

There is a pleasant library where patients go for books; more men read than women. There is also a billiard table which must afford diversion for evenings and stormy days.

There are 500 acres of land about the institution and they raise all they use and have 100 cows. Dr. Arthur reported that they really needed 100 acres more land. A patient's labor is thought to be equal to fifty per cent of that of an ordinary laborer.

The patients at Gowanda seemed more content than is often the case, and the ventilation of the buildings admirable, in fact your committee was greatly pleased with the conditions existing there.

MARY A. L. BOOKSTAVEN
FRANCES D. PATTERSON

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APPENDIX A

TABLE SHOWING ESTIMATE OF CAPACITY OF STATE HOSPITALS
WITH COMPLETION OF NEW BUILDINGS, ETC.

NAME OF STATE HOSPITAL.	Capacity Oct. 1 1905*	Additional beds being added†	Probable capacity in 1908
Utica	1, 110	Superintendent and staff. 100 Nurses' Home. 100 Acute Hospital. 100 —300	1, 410
Willard	2, 322	Third floor of Hospital. . 40 —40	2, 362
Hudson River. 2, 035		Chronic building. 440 Tubercular cases. 100 Superintendent and staff. 100 Amusement hall. 55 Acute Hospital. 100 —795	2, 830
Middletown .. 1, 222		Chronic building. 535 Acute Hospital. 100 —635	1, 857
Buffalo	1, 678	Superintendent and staff. 100 Nurses' Home. 50 —150	1, 828
Binghamton. . 1, 443		Superintendent and staff. 88 Chronic building. 535 Acute Hospital. 100 —723	2, 166
St. Lawrence. 1, 693		Tubercular cases. 100 —100	1, 793
Rochester 1, 305			1, 305
Gowanda 812		Superintendent and staff. 100 Nurses' Home. 30 —130	942
— 13, 620		—2, 873	16, 493
Kings Park... 2, 420		Nurses' Home. 300 Buildings C and D. 50 —350	2, 770
Long Island.. 655			655
Manhattan .. 3, 244		Dining rooms and chapel. 175 Wooden pavilion. 35 —210	3, 454
Central Islip.. 3, 536		Dining room. 200 Amusement Hall. 50 Kitchen, K building. . . . 60 —310	3, 896
— 9, 905		— 870	10, 775
23, 525			3, 743
			27, 268

* As certified by the State Commission in Lunacy.

† From estimates furnished in 17th annual report of State Commission in Lunacy.

‡ This number may be increased by the completion of further additions provided for by appropriations made in 1906, as follows:

Willard — Building for tubercular cases.	50
Hudson River — Solaria on cottages 4 and 5.	25
Middletown — Cottage for care of contagious diseases.	25
Long Island — Reconstruction (appropriation made for half necessary, expense for 400).	200
Manhattan — Building for contagious diseases.	35
Additional pavilions.	60
Central Islip — Pavilion for tubercular patients.	100
	<u>495</u>

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APPENDIX B

THE AFTER CARE SOCIETY OF ENGLAND

[Reprinted from Minutes of Conference.]

REMARKS BY

MISS LOUISA LEE SCHUYLER

of the State Charities Aid Association, at the Conference of State Hospital Superintendents with the State Commission in Lunacy, held in New York City, November 18, 1905.

DR. MABON, President State Commission in Lunacy: This morning the suggestion was made that the Chairman of the Committee on Topics might very well consider the advisability of having a paper at some of our meetings on Convalescent Homes for the Insane and also the After Care of the Insane. There is no one in this State who has done more for the care of the insane than Miss Schuyler, and it was through her personal efforts very largely that the State Care system was made possible; she is very much interested in the After Care of the Insane, and when abroad recently she looked into the subject. It gives me the greatest pleasure to present Miss Schuyler to the conference.

MISS SCHUYLER: For many years I have been interested in the subject of After Care for the Insane. While in England, last summer, I spent several hours at the London office of the Society for After Care of Poor Persons Discharged Recovered from Insane Asylums — a society composed of men and women, established about twenty-five years ago, and which does most excellent work. Its methods, in brief, are as follows: The secretary of the Society visits the asylums, and works in close co-operation with the medical superintendents; and is notified by them when there are patients to be discharged cured who are poor, and who have no homes or friends to go to. For such cases, boarding places (in the country for the women, in the city for the men) have previously been arranged for by the secretary. These are not large institutions or buildings owned by the Society — it does not wish for them — but small “cottage homes,” or, as we should call them, small boarding-houses, where a man and his wife are willing

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to board these After Care cases. There are now about twelve of these cottage homes in different parts of England. The women are sent to them; the men usually to lodgings in cities, to places corresponding to our "Mills Hotels," whence they usually find employment for themselves, but are often helped to do so by the Society. The board of both men and women is paid for by the After Care Society, for from one to six weeks usually, until their health is fully re-established, and they are able to work. The women require much more looking after than the men. They are visited more often by the Secretary, also by local volunteer visitors of the society living near the cottage homes, who are kind to the poor women, become interested in them, and find employment for them in domestic service and otherwise. This is usually found through advertising in the papers, and in all cases it is stated to the employer that the person has been mentally ill but is now recovered. After employment has been found the Society keeps in communication with them, often for years, and until they are absorbed into the community as self-supporting, self-respecting men and women. It is most satisfactory work. Indeed, it is claimed by the medical superintendents, as by the Society, that relapses are often averted owing to the freedom from anxiety afforded the convalescent of knowing that upon leaving the asylum he will be befriended, cared for, and started anew after an interval of rest. During the past year the Society has furnished After Care to over 260 patients discharged recovered from the asylums. I was much struck by the humane and efficient quality of the work done. It could be much enlarged, I was told, did the voluntary contributions permit.

Conditions in England differ from those we have here, but the need of a helping hand to be extended to poor and friendless convalescents, and those discharged cured, upon leaving our State Hospitals, is just as much needed here as there, and this is what we ought to do.

We need no new society because we have the machinery ready at hand; nor do we need to establish a new institution, or to own buildings, or incur large expense. All that we need is earnest interest in the subject, co-operation, organization, readiness to work.

I have thought that, with the concurrence of the medical superintendents, of two or three members of the re-established

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boards of managers of our State Hospitals, and of some of the local visitors of the State Charities Aid Association — those living in the respective State Hospital districts — that, with this combination, a working joint committee to provide After Care might be formed for each State Hospital. The experiment might be tried at first on a small scale with one State Hospital, to see how it would work. I should like to see it tried, and will gladly help toward it in any way I can. This, Mr. Chairman, is, I believe, all I have to say.

Dr. MABON: We are very glad to hear from Miss Schuyler and I would like to ask one or two questions. Is this undertaken as a private philanthropy?

Miss SCHUYLER: Yes; it is voluntary philanthropic work.

Dr. MABON: And could you furnish the name of the Secretary?

Miss SCHUYLER: I haven't it here, but will send it to you. The name of the society is "The After Care Association for Poor Persons Discharged Recovered from Asylums for the Insane." * I have already talked with Mrs. Acker, of the Willard State Hospital board, and I think, if the superintendents are willing to co-operate, we might get together some of the managers of the Hospitals and visitors of the State Charities Aid Association. I should not think it well to undertake the experiment on a large scale at first, or until we have had time to make a few tentative efforts.

Dr. MABON: I would suggest to the Chairman of the Committee on Topics that perhaps one of the managers might be willing to take up the subject and present it at one of the conferences.

*Note—H. Thornhill Roxby, Esq., Secretary, Church House, Dean's Yard, Westminster, London, S. W. England.

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APPENDIX C

SUGGESTIONS FOR VISITORS TO STATE HOSPITALS FOR THE
INSANE

Reports of visitors of the Association to State hospitals should deal with some or all of the topics here outlined, and with such other matters as may come to the attention of visitors. This paper should not be submitted to officers of the hospital, but should be used merely as a guide to the observations of visitors. As it was felt that more detailed suggestions were desirable than those formerly embodied in this list, some additions have been made.

1. *Buildings*.—Observe the general plan of the hospital, noting the location, plan of construction, and arrangement of the different buildings with reference to the purposes for which they are used. Give the number and kinds of buildings erected or completed during the year, or in course of construction, the extraordinary repairs to buildings, and other important improvements begun or completed during the year.

2. *Colonies*.—If there are agricultural or other colonies connected with the hospital, study the operations of such colonies.

3. *Farm and Garden*.—State size and character of farm and garden; amount and variety of farm and garden products; ratio of farm and garden products to total consumed by hospital. State size of herd and amount of milk raised; size of hennery and number of eggs and fowls raised. State quantity of fruit and vegetables used for canning.

4. *Capacity and Census*.—Ascertain the certified capacity of the institution and compare this with the actual census. Observe whether there is over-crowding, and, if so, among what classes of patients it is most noticeable.

5. *Medical Service and Treatment*.—Observe the number and character of the physicians, the ratio of physicians to patients, the nature of the medical work, the methods of examining and recording cases, the frequency of staff meetings, the methods followed in assigning the medical work to the physicians, the non-medical work required of physicians. Inquire into the facilities and equipment for medical work, including surgery, electrotherapy, hydrotherapy, etc., and the extent to which the patients receive treatment in these departments. Study the methods of

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prescribing, dispensing and administering medicine, of artificial feeding or forced alimentation, of providing extra or special diet for the sick, and the methods of insuring its reaching those for whom it is ordered.

6. *Nurses and Attendants.*—Observe the nurses and attendants, the amount and character of their work, the ratio of these employees to patients, their compensation, their privileges, the extent to which they are provided with lodgings apart from the wards. Study the operations of the training school, including the number of pupils in the school, the number of graduates of the school in the employ of the hospital, and the methods of instruction.

7. *Instruction and Entertainment.*—Observe the facilities provided and the methods employed for the instruction and entertainment of the patients, including school instruction, formal entertainments, dances, bands of music, games, books and papers, drives, walks and boat rides, gymnastics, the cultivation and enjoyment of flowers, the celebration of holidays, etc.

8. *Religious Worship, etc.*—Inquire into the opportunities for religious worship, the provision made for the spiritual needs of the seriously sick and dying, the arrangements for burial, etc.

9. *Occupations.*—Note the method of employing patients, the number and kinds of industrial occupations, the number of patients regularly employed in each, the number of working hours per day, the provision made for medical supervision of the patients employed, of the selection of occupations for individual patients, and of the number of hours each should be employed.

10. *Restraint.*—Observe the methods of restraining or secluding excited patients and the number on the date of visitation under restraint of any kind. Examine the record of restraint.

11. *Privileges.*—Inquire into the extent of freedom allowed patients, and the number and classes of patients who enjoy "open door," "parole," or other privileges. Ascertain the rules regarding visits from friends and letter writing.

12. *Outings for Patients.*—Describe fully any facilities that the hospital may have for giving patients a change of air and scene. Has the hospital a cottage at a distance from the main buildings where patients can be sent, or camping out parties organized, or other arrangements made for vacations for patients?

13. *Treatment of Pulmonary Tuberculosis.*—How many cases

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of pulmonary tuberculosis in the institution? Are patients of this class kept apart from others? Are they accommodated in tents, or especially constructed pavilions? If tents are used, state for how many months in the year, style of tent used, method of heating and ventilation, toilet facilities, etc. If pavilions are used, describe construction and arrangement. What diet is prescribed for such patients? Are printed rules and regulations regarding care of such patients issued to nurses or posted in the wards? Results of treatment,—What proportion of patients treated recover, or show marked improvement; what proportion die?

14. *Bathing and Toilet Facilities.*—Note the arrangement for bathing patients, the kinds of baths given, the frequency with which the patients are regularly bathed, the extent to which the bathing is supervised by physicians and nurses. Examine the plumbing as to both quality and extent, noting the number of fixtures in the toilet rooms, and the ratio of fixtures to patients using these rooms.

15. *Clothing.*—Observe the general character and the amount of the clothing furnished patients and the extent to which their clothing varies with the season. Note the number of under and outer garments provided for each patient, the extent to which there is individual ownership and use of clothing, the character of the clothing worn at night, the frequency with which under-clothing is changed. Examine individual patients to ascertain how they are clothed.

16. *Beds and Dormitories.*—Observe the general character of the beds and bedding, the method of airing the beds and dormitories, the size and arrangement of dormitories, the extent to which the wards are under the supervision of physicians and nurses at night, the extent to which and the classes of patients for which separate bedrooms or congregate dormitories are used.

17. *Food and Dining Room Service.*—Study the food and the dining-room service. Note the quantity, the quality and the variety of the food, the extent to which differences are made for different classes of patients, the character of the special diet, and the arrangements for serving the food hot. Observe the table service, the size and shape of the tables, the character of the tableware, and the method of serving the patients. Is a dietitian employed, and what is the character of the work done in this department?

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18. *Supplies.*—Visit the storehouse and study the methods of receiving, caring for, and distributing all supplies, observing the quality and quantity of supplies of all sorts furnished, and their adaptability to the needs of the patients.

19. *Fire Protection.*—Observe the various methods of protecting the patients and the buildings against danger from fire, noting features of construction designed to prevent the spread of fire, the extent, character and condition of the fire alarm system and of fire fighting apparatus; the extent to which fire drills are carried on among patients and employees, and the character and frequency of such drills.

20. *Admission and Care of Recent Cases.*—Inquire into the usual routine pursued on the admission of patients and study the methods of housing, feeding, clothing, employing, amusing and otherwise caring for supposedly recoverable cases.

21. *Needed Improvements.*—Make a list of the most urgent needs of the hospital, and mention any improvements that seem desirable either in the accommodation or care of the patients.

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